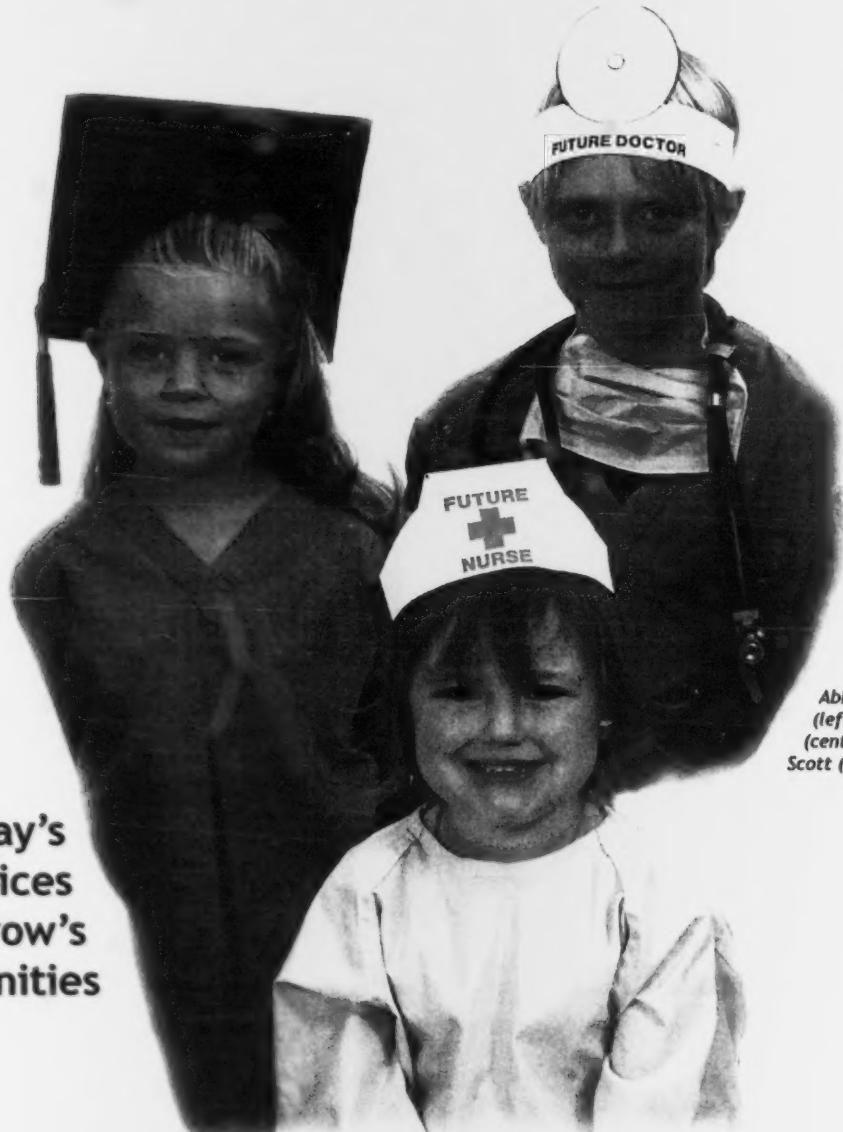


Regional Health Authority
Central Manitoba Inc.



Office régional de la santé
du Centre du Manitoba inc.



Abbey Sager
(left), Saige
(centre) & Pheonix
Scott (right)

Today's
Choices
Tomorrow's
Opportunities

*Choisir aujourd'hui
pour l'avenir*

Annual Report
2007-2008

Letter of Transmittal



Regional Health Authority
Central Manitoba Inc.

Office régional de la santé
du Centre du Manitoba inc.

September, 2008

Honourable Theresa Oswald
Minister of Health

Honourable Kerri Irvin-Ross
Minister of Healthy Living

Dear Ministers,

On behalf of the Board of Directors of Regional Health Authority - Central Manitoba Inc. (RHA Central), I respectfully submit our 2007 - 2008 Annual Report. The document was prepared under the direction of the Board of Directors in accordance with the Regional Health Authorities Act and directions provided by the Minister of Health. All material, economic and fiscal implications known as of March 31, 2008 have been considered in preparing the Annual Report.

The RHA Central continues to remain focused on Manitoba Health's Vision of "Healthy Manitobans through an appropriate balance of prevention and care" as well as Manitoba Health and Healthy Living goals:

- ▶ Optimize the health status of all Manitobans through prevention and health promotion
- ▶ Improve quality, accessibility and accountability of the health system
- ▶ Achieve a sustainable health system.

We anticipate you will find this a comprehensive report of the 2007-08 achievements and direction of RHA Central Manitoba Inc., as we strive to be "as healthy as (we) can be at a reasonable cost to the community".

Sincerely,

C. Gretsinger

Connie Gretsinger
Board Chair
Regional Health Authority - Central Manitoba Inc.

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ALL THE INFORMATION YOU NEED

In January, 2008, RHA Central launched its new web site. The site features improved access to information on Central Region sites and services and dedicated sections to keep the public informed and connected with the RHA. The goal in redeveloping the site was to create a user-friendly, comprehensive and visually appealing format. One of the main principles of the project was that the site would be updated by appropriate RHA Central staff to ensure accurate and timely updates. Throughout the development of the site, users were consulted to present accurate and useful information.

www.rha-central.mb.ca

Letter of Transmittal



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Central Manitoba Inc.
Office régional de la santé
du Centre du Manitoba inc.

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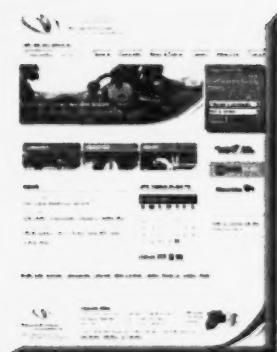
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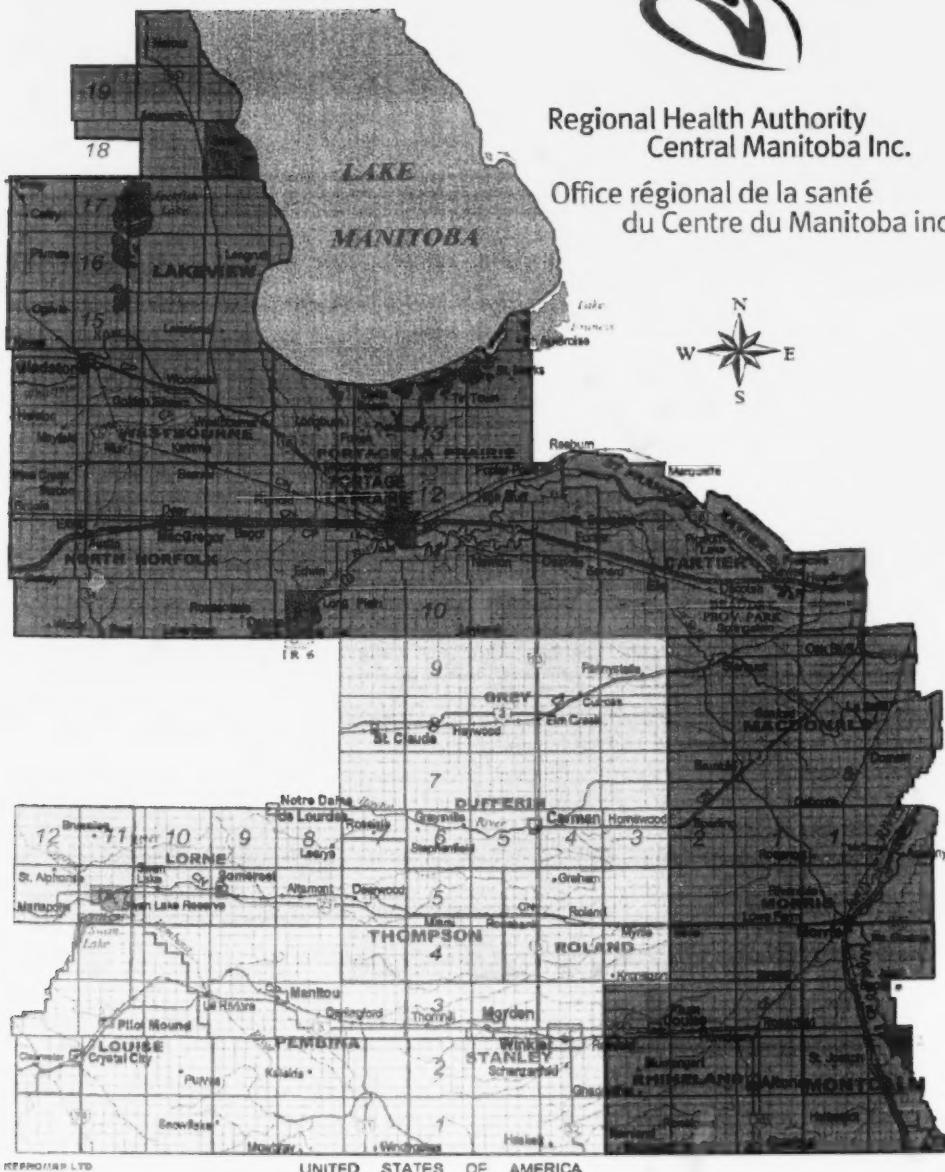
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Central Region Map



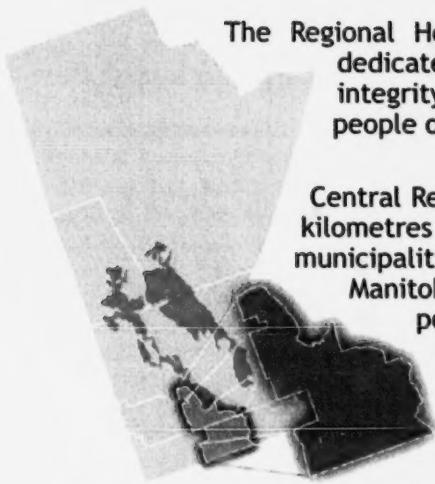
**Regional Health Authority
Central Manitoba Inc.**

Office régional de la santé
du Centre du Manitoba inc.



About Us

AS HEALTHY AS CAN BE!



The Regional Health Authority - Central Manitoba Inc. is dedicated to providing health care services with integrity, caring and excellence to nearly 103,000 people of our Region.

Central Region extends across more than 18,900 square kilometres of south-central Manitoba. It includes 37 municipalities, 6 First Nations and 8.5 per cent of Manitoba's total population, making it the most populous of the province's rural and northern regions. In Central Region, where much of our population is involved in agriculture or industry, we offer medical services as close to home as possible and provide care with the personal touch and the more relaxed pace typical of the country. Central Region is often the

largest employer in a town or rural area, so our programs, as well as our staff, become an integral part of these communities.

Our goal is to provide outstanding health care at a reasonable cost to our diverse communities. An annual operating budget of \$180 M funds over 100 health service programs. Resources are maximized with innovative technologies such as telehealth services, computerized health records and the latest in diagnostic tools at some sites.

We value our programs and services, but our most significant resources are more than 3,300 highly-skilled employees and countless dedicated physicians and volunteers. Directed by our Chief Executive Officer, these people work with the integrity and caring that distinguishes all our programs and facilities.

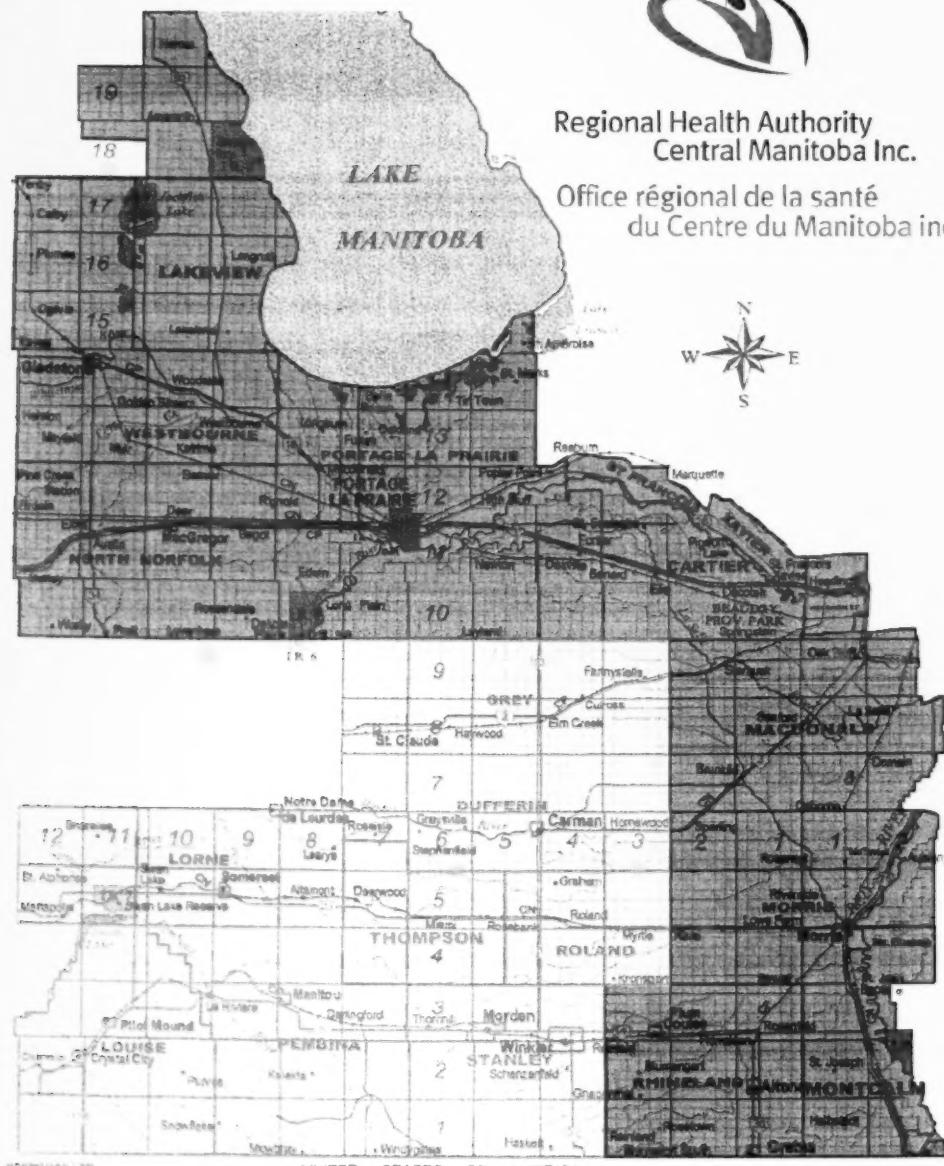
The Regional Health Authority Central supports prevention programs and builds partnerships with the community to ensure that the people in our Region are **AS HEALTHY AS CAN BE.**

Central Region Map



Regional Health Authority
Central Manitoba Inc.

Office régional de la santé
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The Regional Health Authority Central supports prevention programs and builds partnerships with the community to ensure that the people in our Region are **AS HEALTHY AS CAN BE.**

Governance

The Regional Health Authority - Central Manitoba Inc. exists so that people in our Region are as healthy as they can be at a reasonable cost to the community.

The RHA Central is governed by a Board of Directors, members of which are appointed by the Minister of Health in accordance with provisions of The Regional Health Authority Act. They are responsible for implementing and establishing a sustainable, integrated regional system of health services by:

- ▶ Providing leadership in addressing the health needs of the population within the defined geographic boundaries of the Region;
- ▶ Assuming full Board responsibilities and attending meetings on a regular basis;
- ▶ Communicating effectively with management and the people in the Region; and
- ▶ Being accountable for directing the management and affairs of the Regional Health Authority.

Currently, 13 Board Members oversee the direction and management of the RHA Central.

In performing its job, the Board:

- ▶ Provides accountability for activities of the RHA Central to the residents of the Region and ensures that the organization is in compliance with the laws, rules and regulations that govern it.
- ▶ Develops written governing policies.
- ▶ Assures Chief Executive Officer performance is achieving the results through monitoring.
- ▶ Develops statements of principles and positions related to public policy which represent the health interests of RHA Central's residents.

Advisory Structure:

The RHA Central has a well-established history of engaging its various communities in stakeholder and focus groups. In using a strong Policy Governance approach, ownership linkage is key. The context for the Regional Health Authority - Central Manitoba Inc. (RHA Central) Board of Directors' seeking advice from its ownership is based on the following:

- ▶ The Board is the on-site voice of its "moral ownership" - people in Central Region, *and*
- ▶ The Board exists, on behalf of people in Central Region, to be accountable that its organization, the RHA Central, works, *therefore*,
- ▶ The Board's primary relationship is outside the organization—that is, with owners.
- ▶ Ownership Linkage is a Board strategy that allows owners' values to be represented in Board debate.

Guiding Principles:

The Board's job is to gather information from and about ownership values and to translate these into strategic direction. Some principles include:

- ▶ to connect with owners in a meaningful way
- ▶ to be morally accountable to hear from the "unheard voices"
- ▶ to have representative input from across the ownership spectrum
- ▶ to be knowledgeable about the health status of people in Central Region
- ▶ to inform ownership that it is the Board's collective responsibility to be more fully aware of regional issues to support their making of informed decisions.
- ▶ to promote the Board's approachability
- ▶ to be clear regarding the scope of the organization's authority, i.e. set down clear objectives/questions.

Board of Directors



Connie Gretsinger
Chair
Portage la Prairie



Kenneth Crawford
Vice-Chair
Portage la Prairie



Céline Beaudette
Term ended March/08
St. Jean Baptiste



Ralph Cibula
Term ended March/08
Gladstone



Elin Czeranko
Langruth



Norbert Delaquis
Notre Dame de Lourdes



Ted Fransen
Morden



Robert Jones
Winkler



Roger Kirouac
La Salle



Jeannie Marion
Morris



Al Schmidt
Term ended March/08
Altona



Daren VanDenBussche
Portage la Prairie



Darlene Arnott
Term began April/08
Portage la Prairie



Denise Harder
Term began April/08
Portage la Prairie



Armande Leclair
Term began April/08
Letellier



Alice McKinney
Term began April/08
Swan Lake

The Regional Health Authority - Central Manitoba Inc.



Connie Gretsinger
Chair

As individuals, we create the future ... every day. Whether we do so consciously or not, the choices we make today impact on tomorrow's opportunities.

Similarly, when the Board of the Regional Health Authority - Central Manitoba Inc. (RHA Central) makes choices, these have an effect on regional opportunities. Since the RHA Central exists to make a difference in the world, we, as Board members, hold ourselves ultimately accountable for defining the results that RHA Central can deliver to create sustainable value for people in the Region. We also aim to build capacity in our communities where people make healthy choices and engage in healthy behaviours.

To this end, the RHA Central Board continues to work on improving its systems for effective governance and accountability:

Purpose & Accountability

The Regional Health Authority - Central Manitoba Inc. exists so that people in the Region are as healthy as they can be at a reasonable cost to the community. In 2007-08 the Board challenged itself to become even more visibly effective in pursuing achievement of its purpose. Therefore, while describing the outcomes it wishes to create for the community

Message from the Chairperson

Today's Choices Tomorrow's Opportunities

or moral ownership, the Board acknowledged it also needed to sharpen the focus and meaning of its Board ENDs in two ways:

- to articulate a more 'balanced' view of the RHA Central's purpose relative to the responsibilities and authority conferred upon it by government.
- to ascertain accountability with performance-based strategies by the RHA Central.

Our statement of purpose remains at the heart of why we exist. Without losing sight of this overall aspiration, the first result of this year's work has been creating greater strategic focus and clarity by refining the key elements of our purpose. In addition to two workshops and some meetings in fiscal year 2007-08, the Board continues the work of reviewing its ENDs. It is an ongoing process.

Board Responsibilities

The RHA Central Board's role is to lead the organization toward the desired performance. Adopting Policy Governance as a method of conducting its business, the Board is committed to effective governance that provides for strategic leadership as well as accountability for its practices. The Board has elaborated Governance Process policies to document its

scope of authority, roles and responsibilities and Board-Chief Executive Officer (CEO) Linkage policies to define delegation of authority.

The Policy Review Committee that was established in the last fiscal year has been very active and has completed a detailed review of 75% of the Board's existing policies. As well, the committee was mandated to focus additional research on risk management and on development of indicators for community engagement.

In 2007-08, the Audit Committee also met on a regular basis to satisfy itself with regard to the adequacy of the RHA Central financial control systems as well as reports received from the external auditors.

Responsibility for management and operational issues is delegated to the CEO, subject to limits of authority as delineated in the Board's Executive Limitations policies. In 2007-08, with the receipt of monthly reports, the Board monitored CEO compliance against these policies. The CEO also provides information on trends and/or issues that impact the Board and/or its work such as ethical and/or legal issues, significant external and internal changes and changes that necessitate review of Board policy. In addition to regular monitoring of CEO performance, an annual evaluation was conducted by the Board.

Board Performance

The Board continues to monitor itself against its own Governance policies at each Board meeting and every meeting is also assessed by the participants and reported back at the following meeting.

The Board has stated in policy that it will invest in the development of its ability and capacity to govern. In 2007-08 this has included:

- Attendance at Provincial & Regional Orientations by new Board members.
- Attendance at Board approved National, Provincial & Regional Conferences and Forums. Conference attendees provided

written and verbal reports of the various sessions attended.

- ✓ Central Region's Healthy Communities Conference, April, 2007, in Altona
- ✓ 2007 National Healthcare Leadership Conference
- ✓ 2007 Provincial Patient Safety Conference
- ✓ 2007 CCHSE Provincial Health Leadership Forum
- ✓ 7 Measures of Success: The Path to Greatness workshop
- ✓ Rural and Northern Health Care meeting
- ✓ 2007 Interfaith Health Care Association Conference.

- Organizing and attending Board education and workshop events.

- ✓ Mr. Robert Jones, Chair of the Audit Committee, provided a presentation to the Board that explained the role of the Audit Committee.
- ✓ Mr. Norbert Delaquis made a presentation on Standards and Benchmarking at the Fall Board Workshop.
- ✓ Ms. Corene Debreuil, Regional Director Emergency Medical Services, provided a presentation on Emergency Medical Services (EMS) within both the Province and the Region and in particular the model of Dynamic Deployment, i.e. the re-positioning of units to ensure EMS coverage across Central Region is kept within standard response times.
- ✓ Mr. Ken Kroeker, Regional Director Mental Health presented on Mental Health: Child & Adolescent Service: Access and Support.

Did You Know

Central Region has the second highest projected population growth in the province. In the last decade, overall population grew by 6% and some parts of the Region grew at a rate of 34%.

- ✓ A Fall Board workshop focused on preparing a good foundation for information gathering for the upcoming Community Health Assessment activities in 2008-09.
- ✓ Mrs. Jenn Sager-Hlady, Human Resources Officer - Recruitment & Retention, presented the Staff Worklife Survey, a 'home grown' survey that has been used to identify areas for improvement.
- ✓ Mrs. Lorraine Grenier, Corporate Communications and French Language Services Coordinator gave a preview of the new RHA Central website.
- At each meeting, the Board receives a variety of reports and newsletters for information and discussion. Articles of particular interest are highlighted and members often discuss these in terms of improving their governance functions.

Ownership Linkage

The Board continues to be diligent in the pursuit of ownership linkage opportunities. It is such an important part of its job that it is included on every agenda. Considered to be an intentional and constructive dialogue between residents of Central Region and Board Members, ownership linkage is normally planned by the Board for the year. In 2007-08, the Board organized its regular Board meetings in various communities throughout the Region and arranged to meet with specific individuals or groups.

- ✓ In May, 2007, the Board heard Mr. Ray Loewen speak on the work of the Altona Refugee Network which provides support and advice to families who are settling in the community.
- ✓ In June, 2007, in Pilot Mound, the Rock Lake Health District & Prairie View Lodge Boards were invited to share information about some of their work completing a needs assessment and a strategic plan.
- ✓ In August, 2007, the Lourdeon community was invited to share information about some of their work, most notably the construction of the Centre Albert-Galliot wellness centre which was officially open on September 21, 2007.

- ✓ In September, 2007, in Winkler, the Board of Salem Home Inc. was invited to share information about its vision, mission, and its many accomplishments.
- ✓ In October, 2007, in Winkler, the Board had an opportunity to listen to the CEO of Eden Health Care Services who shared information about its vision and accomplishments on behalf of Eden Health Care Services, Eden Mental Health Centre, Eden Residential Care Services.
- ✓ In December, 2007, the Board met with the Swan Lake First Nation. The Board acknowledged that many of the issues raised at the meeting were program-related and recognized its role to support staff in this work.
- ✓ In January, 2008, the Tabor Home Inc. Board of Directors, Morden made a presentation regarding their need for facility replacement. The process to develop a plan was started at the grassroots with various groups being approached bringing people along. RHA Central continues to include a new facility for Tabor Home in its Annual Health Plan.
- ✓ In February, 2008, Dr. Dali Dhaliwal, CEO, CancerCare Manitoba provided a presentation to the Board via Telehealth.
- ✓ In March, 2008, by way of motion, the Board appreciated Central Region's health care volunteers who give so freely of their valuable time, energy and abilities all year.
- ✓ The upcoming Community Health Assessment will be RHA Central's third Community Health Assessment (*previous health assessments were completed in 1997 and 2004*). The process of a region-wide assessment of health status will help build the direction for our next five-year Strategic Health Plan. To help shape the path that our assessment will take, the process began with consultations with various RHA managers and Board members throughout 2007-08.

As well, every year in October, the Board holds its Annual Public Meeting. In 2007, it was held in Carman on October 10th recognizing 10 years of RHA Central People & Partnerships with Mr. Rick Frost, CEO, of the Winnipeg Foundation as guest speaker. The attendance of many Reeves, Mayors and Civic Leaders from across Central Region was impressive and worthy.

A warm thank you to all my colleagues on the Board of Directors for their tireless devotion to the RHA Central. Throughout the year, we have had productive and thoughtful discussions on many important issues and I am confident that the choices we made as a Board have paved the way to some important opportunities for our organization and for the community we serve. We also extend heartfelt appreciation to outgoing Board members-- Céline Beaudette, Ralph Cibula and Al Schmidt for their creativity, their wisdom and exceptional contributions after completing their two terms of three years each. Each gave their time and expertise to make things happen at the Board level, as well as on various committees and in the community. We welcome new Board members Ms. Armande LeClair (Letellier), Ms. Alice McKinney (Swan Lake), Ms. Darlene Arnott (Portage la Prairie), and Ms. Denise Harder (Portage la Prairie).

To the staff, volunteers, and physicians - the choices that you make each and every day generate opportunities for those we serve, for our communities and for our peers - thank you for making the right choices. Your efforts in achieving positive outcomes and meeting the challenges have been exemplary and we congratulate you all. At the very end of the last fiscal in March, 2007, Kathy McPhail joined RHA

Central as its fifth CEO. With her enthusiastic approach and her exceptional leadership qualities and gracious aplomb, much has been accomplished since her arrival as evidenced in this annual report. We are grateful to Kathy for her efforts in this challenging but successful year.

The continued community support and collaboration, and the strong commitment of many partners throughout the Region and beyond have certainly been instrumental in the choices we have made in the last year. We look forward to strengthening these partnerships and sharing future opportunities in the years ahead.

On behalf of our Board of Directors, I wish to offer our appreciation to the Honourable Theresa Oswald, Minister of Health and to the Honourable Kerri-Irvin Ross, Minister of Healthy Living for their continued support and encouragement.

Sincerely,



Connie Gretsinger
Board Chair
Regional Health Authority - Central Manitoba Inc.

Did You Know

RHA Central cares for nearly
3,000 home care clients at any
one time.

The Regional Health Authority - Central Manitoba Inc.



Kathy McPhail
Chief Executive Officer

It has been said, "To choose well, you must know who you are and what you stand for, where you want to go and why you want to get there."

Indeed, the choices we make as an organization do reveal our character and do illustrate what we value, what we aim for and what opportunities we create. Every day, thousands of employees, physicians, and volunteers touch the lives of many, many people in RHA Central. Countless choices are made "so that people in Central Region are as healthy as they can be at a reasonable cost to the community." Simple but powerful. This is why most of us choose to work here, to play a role in keeping people 'as healthy as they can be', and that is also the reason we seek to continuously improve how we do this work.

Fiscal year 2007-08 marks the conclusion of my first year as CEO of RHA Central. It has been a year of inspiration and exploration and most certainly an exciting, rewarding and satisfying time. I have witnessed the transformative work that gets done by an impressive cadre of skilled professionals around the Region. As you read through this report you will recognize that the RHA Central, and the people it embodies, steward the resources provided them with wisdom. They seize the opportunities and accomplish much amidst many challenges

Message from the Chief Executive Officer

I am pleased to present the Annual Report of the Regional Health Authority - Central Manitoba Inc. for the fiscal year 2007-08.

that characterize the current health care environment, such as:

- Responding to our communities' needs in the midst of growing resources and reimbursement constraints. With increased immigration, Central Region will have one of the strongest population growths in the province with the Manitoba Bureau of Statistics projecting an increase of 54% in the next 30 years. While immigration enriches the ethnic and cultural diversity of the Region, new populations bring with them new ideas, challenges and sometimes complex, diverse and often unpredictable needs.
- Recruiting and retaining sufficient personnel in areas demanding highly-specialized technological skills during a time of global shortage. Anticipated mass retirements have generated concern regarding the future supply of new staff in Central Region. Severe shortages of all disciplines have created persistent and ongoing human resource challenges across the Region. However, in the face of these challenges, Central Region remains in the forefront in offering training programs at home within the Region, for various health care disciplines with significant successes.

- Addressing the complexities of chronic disease management especially with an ageing population, as well as what futurists say will be a substantially significant extension in life expectancy. It is said that the first person to live to 150 has already been born! It is estimated that more than 75% of health care dollars are spent on patients with chronic diseases and the majority of the health care dollar is spent in the last few remaining months of our lives.
- Emerging new costs that arise from medical, technological and pharmaceutical innovation itself. These advances have and will indeed continually change the face of health care and the services provided. Exhilarating, but yet challenging.
- Ageing capital and Information Technology (IT) infrastructure across the Region. A substantial investment is required to develop the potential to use information and to improve and sustain health care safety and security in operations.

Did You Know

We hired 400 new people in 2007/2008. 432 staff attended regional general orientation.

- Responding to pressing international public health issues and increased attention to disaster preparedness.
- Increasing service needs.
- A revolution of rising demands and peoples' expectations from their health care system.
- Increasing Regulatory Demands.
- Advances in research and increased complexity of care (Home Care, Elder Personal Care & Hospital Care) and pressure to improve quality, safety and access.
- The fact that many health challenges that impact our health status exceed well beyond

the traditional boundaries of the health sector and this requires a re-focusing of our system to a population health approach.

Overcoming challenge is what makes our work meaningful and in Central Region we have a dynamic group of employees, physicians and volunteers that can imagine, create and aspire to continually meet and improve the performance standards for the very finest and safe quality of care. Our staff, physicians and volunteers are a metaphor for our core values of integrity, caring and excellence. Throughout the year, their dedication and expertise have enabled us to make better choices and to offer greater opportunities for growth in program development and delivery of services.

I am inspired by the commitment of RHA Central's Board of Directors in its quest to proactively illustrate the values of the organization through its written statements and actions. While remaining true to the fundamental long-term interests of RHA Central, they have been willing to hold themselves accountable for the difficult yet necessary choices in their governance work and their willingness to articulate them for the public, stakeholders and staff. Within the contribution of each and every Board member lies the root of our ability to lead an organization that will be able to continue creating and offering opportunities to people who wish to work in RHA Central and for those who seek our services. I thank them for their invaluable support and strategic guidance during my first year with the RHA Central.

Did You Know

We receive an average 100 visits per day to our web site with the most popular hit being our careers section.

A good indicator of the right choices our team has made is the excellent financial and operating results for fiscal year 2007-08. The RHA Central generated a \$1M surplus which

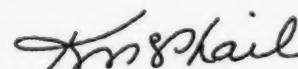
therefore reduces the accumulated deficit from past years and places us in an improved financial position. I note with satisfaction that the report of the Auditor reflects favourably on our financial management practices, and the financial statements reflect satisfactory performance for 2007-08. Although we fully recognize that one of the reasons for this position is due to staff vacancies resulting from the health human resource unfavourable situation, it is also due as well to prudent financial management by our team. In the end, an increasing financial strength enables us to support opportunities for enhanced programs and services.

Communities and partners also play a pivotal role in making RHA Central vibrant and robust and we are undeniably privileged to enjoy good and strong relationships with the community. At RHA Central the importance of partnering with others is consistently highlighted as we collectively extend our reach and optimize our resources and assets. We are indebted to our partners for their perseverance and their numerous contributions.

I am proud of the reputation and trust we have

earned because of the choices we have made and the opportunities we have created. In fact, what is described within the following pages is a narrative of today's choices that open the gateway to tomorrow's opportunities!

Respectfully,

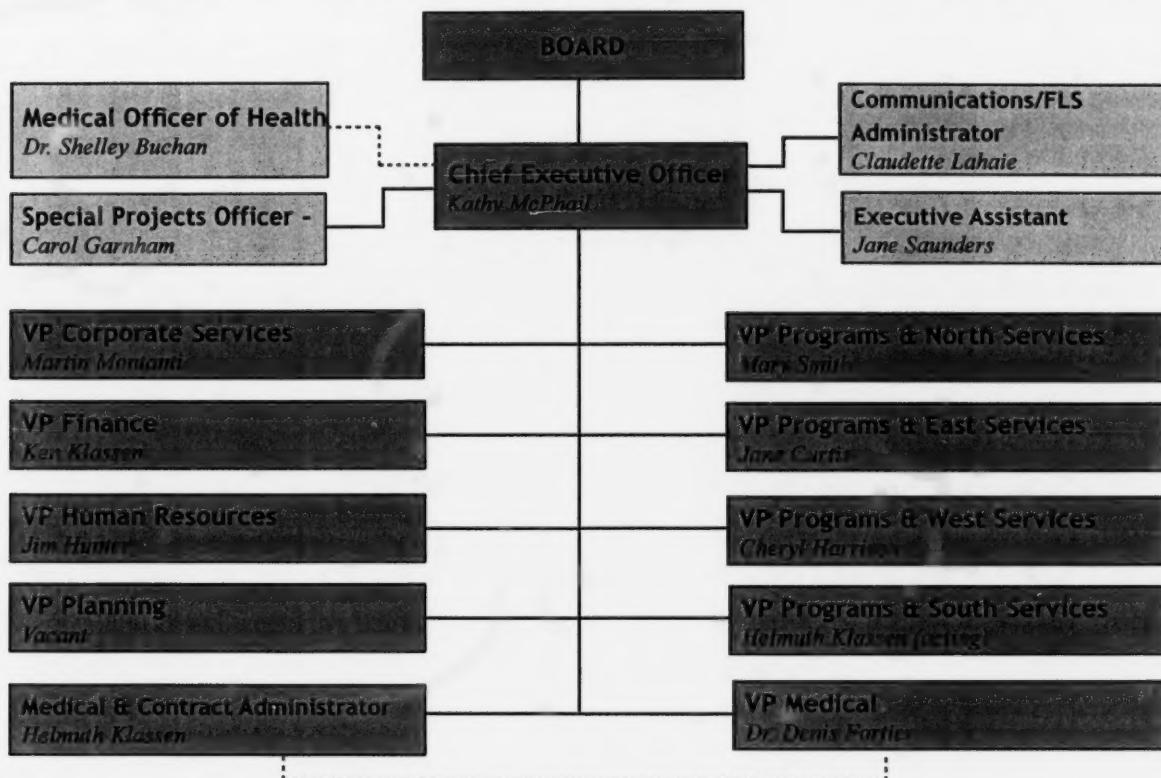


Kathy McPhail
Chief Executive Officer
Regional Health Authority - Central Manitoba Inc.



Organizational Structure

The Regional Health Authority - Central Manitoba Inc.



Always aiming for organizational excellence, the RHA Central undertook a review of its organizational structure in 2007-08. Focused at the senior management level, the process was a consultative one designed to spur continual improvement and to foster accountability and decision-making. Using a thoughtful, measured, and sensitive approach, some changes were made during fiscal year 2007-08 leveraging the organization's existing talent. Therefore, with some resignations mid-year, the senior management staff took on additional responsibilities. The nomenclature used in titles was simplified to be more transparent for the public. Area Leaders and Chiefs became Vice-Presidents and Community Integrated Health Services Leaders, Integrated Client Services Leaders and Integrated Support Services Leaders were changed to Directors of Health Services and Directors of Support Services. The above chart reflects the changes implemented at the senior level during fiscal year 2007-08, as well additional ones were made following the end of the fiscal year.

Did You Know

Average age of our workforce is:
44 years of age. Approx. 700 of
our 3,300 staff could retire in
the next five years.

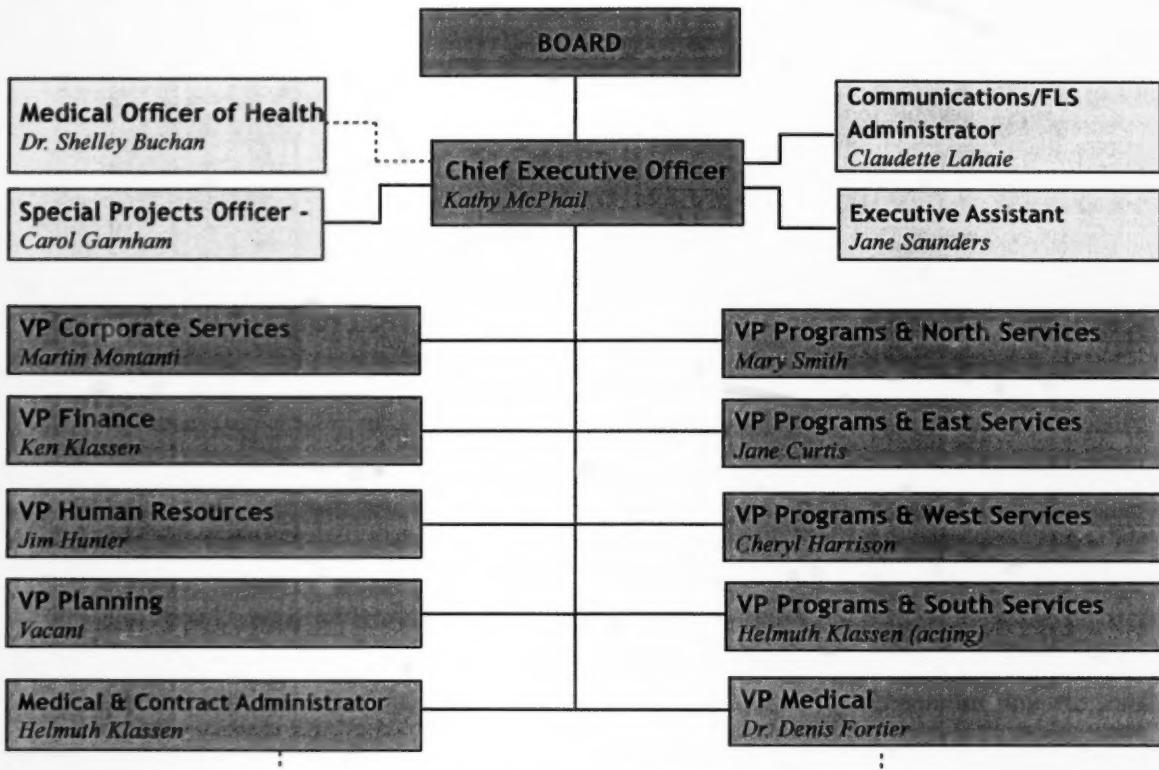
Health & Support Services

		<u>Contract Health Corporations</u>	
SOUTH	Crystal City/ Pilot Mound Morden Winkler	<i>Prairie View Lodge</i> <i>Rock Lake Health District Hospital & Personal Care Home</i> <i>Tabor Home Inc.</i> <i>Salem Home Inc.</i> <i>Eden Mental Health Centre</i> <i>Eden Health Care Services</i>	Ginger Collins Sherry Hildebrand Sherry Janzen Les Zacharias James Friesen
	Manitou	Director of Health Services - Manitou <i>Pembina Manitou Health Centre</i>	Linda Pearce
	Morden/Winkler	Director of Health Services - BTHC Director of Support Services - BTHC	Linda Buhr Kristy Radke
EAST	Altona	Director of Health Services - Altona <i>Altona Community Memorial Health Centre</i>	Edith Calder
	Emerson	Director of Health Services - Emerson <i>Emerson Health Centre</i>	Paulette Goossen
	Morris	Director of Health Services - Morris <i>Morris General Hospital</i> <i>Red River Valley Lodge</i>	Brad Street
	Rosenort	Director of Health Services Liaison - Rosenort <i>Rosenort Community Health Centre</i>	Vacant
NORTH	Gladstone	Director of Health Services - Gladstone <i>Seven Regions Health Centre</i>	Dorothy Doell
	MacGregor	Director of Health Services - MacGregor <i>MacGregor Health Centre</i>	Sharon Stewart
	Portage	Director of Health Services - Portage Director of Health Services - Portage Seniors Director of Support Services - Portage <i>Douglas Campbell Lodge</i> <i>Lions Prairie Manor</i> <i>Portage District General Hospital</i>	Pat Nodrick Vacant Terry Hills
WEST	Carman	Director of Health Services - Carman <i>Carman Memorial Hospital</i> <i>Boyne Lodge</i>	Mary Heard
	Notre Dame	Director of Health Services - Notre Dame <i>Foyer Notre Dame</i> <i>Notre Dame Hospital</i>	Joyce Kristjansson
	St. Claude	Director of Health Services - St. Claude <i>St. Claude Health Centre (Hospital/Pavilion)</i>	Mona Spencer
	Swan Lake	Director of Health Services - Swan Lake <i>Lorne Memorial Hospital</i>	Kristal McKittrick Bazin

Italics - Facility
Block letter - Title

Organizational Structure

The Regional Health Authority - Central Manitoba Inc.



Always aiming for organizational excellence, the RHA Central undertook a review of its organizational structure in 2007-08. Focused at the senior management level, the process was a consultative one designed to spur continual improvement and to foster accountability and decision-making. Using a thoughtful, measured, and sensitive approach, some changes were made during fiscal year 2007-08 leveraging the organization's existing talent. Therefore, with some resignations mid-year, the senior management staff took on additional responsibilities. The nomenclature used in titles was simplified to be more transparent for the public. Area Leaders and Chiefs became Vice-Presidents and Community Integrated Health Services Leaders, Integrated Client Services Leaders and Integrated Support Services Leaders were changed to Directors of Health Services and Directors of Support Services. The above chart reflects the changes implemented at the senior level during fiscal year 2007-08, as well additional ones were made following the end of the fiscal year.

Did You Know

Average age of our workforce is:
44 years of age. Approx. 700 of
our 3,300 staff could retire in
the next five years.

Health & Support Services

SOUTH			<u>Contract Health Corporations</u>	
Crystal City/ Pilot Mound Morden Winkler			<i>Prairie View Lodge</i> <i>Rock Lake Health District Hospital & Personal Care Home</i> <i>Tabor Home Inc.</i> <i>Salem Home Inc.</i> <i>Eden Mental Health Centre</i> <i>Eden Health Care Services</i>	Ginger Collins Sherry Hildebrand Sherry Janzen Les Zacharias James Friesen
Manitou			Director of Health Services - Manitou <i>Pembina Manitou Health Centre</i>	Linda Pearce
Morden/Winkler			Director of Health Services - BTHC Director of Support Services - BTHC	Linda Buhr Kristy Radke
EAST	Altona		Director of Health Services - Altona <i>Altona Community Memorial Health Centre</i>	Edith Calder
	Emerson		Director of Health Services - Emerson <i>Emerson Health Centre</i>	Paulette Goossen
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Regional Medical Advisory Committee



Dr. Denis Fortier
Vice-President Medical

The Chiefs of Staff from each medical group meet together regularly to monitor reports and to provide direction about medical practice issues, including standards, pharmacy and therapeutics, diagnostics, medical staff by-laws or reviewing credentials and recommending privileges to the Board.

Dr. Denis Fortier, Chair
Dr. Eva Berman-Wong
Dr. Riaan Bester
Dr. Harold Booy
Dr. Shelley Buchan
Dr. Michael Dyck
Dr. David Kinnear
Dr. Ken Kliewer
Dr. Robert Kruk
Dr. Ann Loewen
Dr. Ockie Persson
Connie Gretsinger, Board Medical Liaison
Kathy McPhail, Chief Executive Officer
Helmuth Klassen, Medical/Contract Administrator

Regional Programs

Acute Care - Eileen Vodden
Child & Adolescent Health - Grace Klassen
Corporate Communications - Lorraine Grenier
Diagnostic Services - Mark Anderson
Disaster Management - Larry Skoglund
Electronic Health Records - Shelley Barnes
Emergency Medical Services - Corene Debreuil
Finance - Ryan Green
Food Services - Lori McFarland
French Language Services - Lorraine Grenier
Health Information/Privacy & Access - Susan Enns
Healthy Living - Jennifer Baker/Michelle Turnbull/
Debbie Iverson
Human Resources
Aboriginal Employment - Holly Loest
Labor Relations - Ardith Rothwell
Recruitment & Retention - Jenn Sager-Hlady
Workplace Health & Safety - Bev Wood/Cindy Joel

Information Technology - Shaun Twist
Mental Health - Ken Kroeker
Nutrition/Diabetes - Chantelle D'Andreamatteo/
Kathryn Penner
Palliative Care - Paulette Goossen
Payroll - Sheldon Hildebrand
Pharmacy - Shawn Bugden
Physical Resources/Environmental Services - Terry Hills
Quality Improvement/Risk Management -
Kristine Hannah
Rehabilitation - Sheila Hay
Seniors' Health - Jan-Marie Graham
Special Projects - Carol Garnham
Staff Development/Infection Prevention & Control -
Kim Dyck
Public Health - Stephanie Verhoeven
Women's Health - Stephanie Verhoeven

Our performance Stories

- ◊ *2007-08 - a year of Highlights and Events*
- ◊ *Statement of Purpose - Achievements in 2007-08*
- ◊ *Strategic Pillars - Achievements in 2007-08*
- ◊ *Community and Health System Characteristics*
- ◊ *Critical Success Factors, Strategies and Future Directions*

Did You Know

RHA Central ER's treated 79,637 patients through emergency visits . . . more than 1,500 emergency visits per week!

Did You Know

In 2007-08, 1,255 mental health referral patients were treated.

The Regional Health Authority - Central Manitoba Inc.

Our performance Stories

A year of Highlights and Events

"CAMP BRIDGES - LOVE BUILDS BRIDGES WHERE THERE ARE NONE."

The Regional Health Authorities of Assiniboine, Brandon and Central organized the second annual Camp Bridges, a weekend camp for bereaved children and teens at Camp Wannakumbac, Clear Lake, on June 1, 2, 3, 2007. One of the main goals of the Camp is to help address the gap in bereavement services for children and teens. This is achieved through activities

designed to help share grief and honor memories in a caring community environment. The Camp provides a safe, supportive and fun environment where grieving children and teens learn that they are not alone in their grief and feel free to share their thoughts and feelings with peers who are going through a similar experience. This camp also begins to address the gap in bereavement services for children and teens by building a "community of caring" for this vulnerable population. A special joint committee works hard to help raise funds to offer the Camp at no cost to participants. Donations are accepted to help cover the camp rental, meals, and activities, such as arts and crafts, archery, campfires, and canoeing.

GET BETTER TOGETHER ... A PROGRAM TO HELP CLIENTS LIVE BETTER WITH CHRONIC DISEASE

RHA Central has become part of a program called, "Get Better Together," which offers six-week seminars to support people with chronic diseases. Based on a study from Stanford University and initiated as a project with the Wellness Institute at Seven Oaks General Hospital, RHA Central was one of four health regions in Manitoba participating



Enjoying a quiet moment at Camp Bridges

in the one-year pilot initiative funded by the Public Health Agency of Canada.

A very diverse group of lay people and staff throughout RHA Central received a 30-hour Leaders' Training course. Having trained the Leaders, the next step was to offer six-week programs across the Region to help clients

better manage chronic disease. Participants are welcome to bring a support person to the sessions. The six-week sessions, which are at no cost to clients, tackles some of the challenges common to a variety of chronic diseases, such as eating well, getting enough rest, communicating with your doctor effectively, and remaining hopeful. Sessions in Central Region were held in Morris, Boundary Trails Health Centre, Notre Dame de Lourdes, Gladstone, Portage la Prairie and St. Claude.

Get Better Together is a research-based program that shows that there are common challenges for people with chronic health conditions and that together people can create solutions that keep them 'AS HEALTHY AS CAN BE'.

CHRONIC DISEASE PREVENTION

The Portage Medical Clinic received two awards for its work with Chronic Disease Prevention, with success assured by the support of the doctors involved. The Portage Medical Clinic was critical to the success of the Congestive Heart Failure pilot project with Health Links - Info Santé and

Winnipeg RHA. The Congestive Heart Failure (CHF) project received two prestigious awards at the international "Global perspectives on Chronic Disease: Prevention & Management" conference held in Calgary Alberta. The CHF project won a Delivery System Design Award and the University of Calgary, Department of Community Health Services Research Award.

PHYSICIAN INTEGRATED NETWORK

Agassiz Medical Centre in Morden and the C.W. Wiebe Centre in Winkler in RHA Central are participating in the demonstration phase of the Physician Integrated Network (PIN), an initiative of the Manitoba government to renew the way primary health care is delivered in the Province. One of its goals is to deliver high-quality care in the area of chronic disease management. The PIN program encourages the clinics to add non-physician medical professionals, like nurses and dietitians, to help with testing, screening and follow-up. The idea is to improve the role of doctors as primary care providers by taking pressure off their busy schedules. A shared patient base between RHA Central and the fee-for-service clinics encourages partnering with resources and educational events. New clinic staff can participate in collegial mentoring and join informal professional groups with regional staff.

CERVICAL SCREENING WEEK

For the second year, during the last week of October, 2007, a number of sites in RHA Central participated in the provincial Cervical Screening Week. This initiative strives to reduce barriers to cervical cancer screening, commonly known as Pap tests. Sites, whether clinics, public health nurses' or doctors' offices, must indicate their commitment during the recruitment phase in July. By agreeing to provide walk-in Pap screening on one or more days in the designated week in October, the providers receive posters with tear-off pads indicating the exact local times and health care providers doing the clinics, pens,

Did You Know

Central Region has one of the lowest physician vacancy rates in the province. Over 100 physicians and 12 dentists have practicing privileges in Central Region.

reminder stickers, pamphlets and other support material to help make the screening day a success.

In RHA Central, physicians and nurses participated at Altona Clinic, Agassiz Medical Centre, Carman Public Health Unit, Notre Dame de Lourdes, Gladstone, Manitou, Portage la Prairie and Morris clinics.

NEW HOME CARE NURSING CLINIC AT PORTAGE DISTRICT GENERAL HOSPITAL

The emergency department at the Portage District General Hospital has approximately 27,000 visits per year of which 2,500 are from clients requiring scheduled outpatient dressing changes and intravenous therapy (not requiring physician attention).

In order to improve the service for these scheduled outpatients, a Home Care Nursing Clinic has been established at the Portage District General Hospital. The clinic opened August 20, 2007 and activity has been more active each day. It is anticipated that this health system change will:

- Dramatically improve client satisfaction and health outcomes
- Improve efficiency and optimal use of the existing human and physical resources
- Improve patient flow (for both scheduled outpatients and emergency room clients)
- Improve patient navigation through our complex systems by expanding/broadening the existing community-based services provided by home care
- Improve work life and staff satisfaction for both the home care and emergency room programs.

The goals and outcomes are already being realized when listening to the clients attending the clinic, the staff of both home care and Portage District General Hospital Emergency. The clinic will certainly grow in the future as resources are available.

IMPROVING PATIENT SAFETY IN CENTRAL REGION

To celebrate the 2007 Canadian Patient Safety Patient Safety theme of: *Be Involved Ask. Talk. Listen*, Central Region created awareness regarding patient safety with some public initiatives.

Clean HANDS saves lives: The provincial initiative was used as a platform to mark a localized campaign to stress the importance of hand washing. The campaign has lead to the Region's engagement in a national hand hygiene campaign called "Stop! Clean your Hands!" which is a collaborative effort between the Canadian Patient Safety Institute, the Community and Hospital Infection Control Association of Canada, the Canadian Council for Health Services Accreditation and the Public Health Agency of Canada. The Region was excited to have been selected as one of 10 national sites to pilot the hand hygiene campaign.

It's Safe to Ask: This initiative offered practical information and tips for both providers and patients to assist with clear communication, make interactions more positive and help reduce health care errors and critical occurrences/incidents. The awareness campaign was rolled out across the Region.

Safer Healthcare Now! is a patient safety campaign aimed at reducing preventable complications and deaths in Canadian hospitals. The goal of the campaign is to improve the safety of patient care in Canada through learning, sharing and implementing interventions that are known to reduce avoidable adverse events. As part of this campaign, Central Region has been working on two specific strategies:

- Delivery of Reliable, Evidence-Based Care for Acute Myocardial Infarction (AMI) to prevent deaths from heart attack: Acute Myocardial Infarction (AMI) is commonly known as a "heart attack". The goal is to provide consistent and preventative care to patients who have experienced a heart attack.
- Medication Reconciliation: ensures patients

receive accurate medication orders during transfers of care (i.e. from hospital admission to being discharged home).

AWARD AT THE PROVINCIAL PATIENT SAFETY CONFERENCE

An employee at the Morris health facilities, Guy Landry received the *Leading Us to Excellence Award* at the Provincial Patient Safety Conference in November for a "good catch". A good catch or close call is something that has the potential to cause an incident or something very serious such as a critical incident but it didn't happen because there was intervention and corrective actions taken. It provides an opportunity to learn proactively from the experience. Guy Landry, Manager of Physical Plant and Environmental Services in Morris submitted his "good catch" entitled Missing Cotter Rings: M.C. HealthCare HiLo Electric Beds. Health Canada has been notified as a result and a nationwide alert has been issued.

NEW PROTECTION FOR EMPLOYEES: IT'S SAFE TO TELL

Helmuth Klassen was designated RHA Central Disclosure Officer (Whistleblower Protection). The Province of Manitoba introduced legislation

to protect employees in public service agencies that report wrongdoing in their workplaces. The new legislation will help us to ensure that reports of wrongdoing in RHA Central will be handled objectively, confidentially and promptly, and that employees who make reports of wrongdoing, will be protected from reprisal.

HEALTHY COMMUNITIES CONFERENCE - "WOMEN'S HEALTH MATTERS"

With nearly 350 registered participants, the RHA Central saw a large turn-out once again at the Healthy Communities Conference held in Altona on April 26 & 27, 2007. The conference featured two keynote speakers and several Manitoba concurrent speakers. Dr. Ann Loewen offered practical pointers for women to help them to be

Did You Know

We currently care for 300 palliative patients in hospital and at home.

Photo credit: RHA Central

more in control of their own health with more joy and less guilt. Author Deri Latimer, addressed "Building Personal Resilience" in a world of rapid change. Sponsors included the Altona Community Foundation, Town of Altona and RHA Central.

PHYSICIAN MANAGEMENT INSTITUTE

Several physicians, as well as other staff in RHA Central, attended a Physician Management Institute (PMI) course held in Southport. The course was extremely successful with positive comments.

DYNAMIC DEPLOYMENT EMERGENCY MEDICAL SERVICES

The Dynamic Deployment Model was developed in the summer of 2007 as a solution to meeting the changing and dynamic geographical supply and demand requirements for ambulance services in Central Region. A supervisor on-call 24 hours per day monitors the fleet and can move ambulances to strategically post to cover areas where resources are depleted due to busy times or staffing issues. Due to its success, the Region continues to function with this model in providing Emergency Medical Services.

Four float paramedics were hired in August, 2007. They are not permanently assigned to a single location but rather assigned work in assisting with coverage in all stations.

KANADIER MENNONITES: HEALTH ISSUES AND CLINICAL IMPLICATIONS

In May, 2007, over 150 staff and community members had an opportunity to attend presentations provided by Professor Judith Kulig at the Boundary Trails Health Centre and Salem Home Inc. Professor Kulig is a national leader in her field in Canada. She is an Academic Consultant to the Chinook Health Region (Alberta) an Adjunct Professor to the Faculty of Nursing at University of Alberta in Lethbridge, and an Adjunct Professor to the Centre for Health Promotion Studies at the University of Alberta in Lethbridge.

Professor Kulig has worked with rural communities in conducting the studies in order to positively contribute to their sustainability and capacity building. The audience at both presentations was comprised of a diverse group of staff members from many disciplines within Central Region and community stakeholders. Dr. Kulig shared findings from her study of the Kanadier Mennonites in South America, Mexico, and Southern Alberta, dealing with issues related to women's health, child bearing and family dynamics. The sessions provided the registrants with a good understanding of this distinct cultural group, and will in turn enhance our Region's ability to deliver quality health services in partnership with community members.



Kannadier Mennonites Workshop in May, 2007
(left-right): Kim Dyck, Regional Director Staff Development/Infection Prevention & Control, Kathy McPhail, Chief Executive Officer, Professor Judith Kulig, University of Alberta, Albert Schmidt, RHA Board Member & Verla Driedger, Director of Resident Care Services (Salem Home Inc.)

HEALTH CARE AIDE GRADUATION

An in-house Health Care Aide (HCA) Training program was held by the Regional Health Authority - Central Manitoba Inc. in Portage la Prairie. It consisted of two terms. One in November, 2006 and one in March, 2007. The practicum occurred in April, 2007 with Lions Prairie Manor, Douglas Campbell Lodge and Third Crossing Manor taking part in training the HCA students. The graduation ceremony was held at Lions Prairie Manor on April 13, 2007. Ten students took part in classroom and practical experience to become health care aides. This course was a great career opportunity, as well as a welcome initiative to help with staffing shortages.

ORTHOPAEDIC SERVICES

Orthopaedic services are provided at the Boundary Trails Health Centre and the Portage District General Hospital.

Boundary Trails Health Centre provides total joint replacement surgery including hip and knee replacements. Joint surgery is provided by Dr. J. Engel and Dr. C Jacob. It is anticipated another orthopaedic surgeon will join the Region in 2009. There were 209 joints replaced in 2007-08 at the Boundary Trails Health Centre. Approval has been received to provide 325 joint replacements in 2009-10. To access this service, family physicians refer patients to the surgeon who assesses the need and state of readiness for the joint surgery. The patient is then referred to a "pre-hab" clinic where a nurse, anaesthetist, therapist and other providers assist the client in getting ready for the surgery and determine the post operative supports they may require after the joint surgery.

Did You Know

RHA Central is proud to serve the 102,875 residents who live within its regional boundaries.

CATARACT SURGERY PROGRAM

The Cataract Surgery Program is offered at the Portage District General Hospital by Dr. Chin who performs 20 cataract surgeries/month on an itinerant basis. In 2007-08, 230 cataracts procedures were completed. Wait time for cataract surgery in Portage is between 2-3 months as of September, 2008, which is within the provincial benchmark. To access cataract services, the patient is referred by their family physician to Dr. Chin. Both preoperative and post operative cataract services are provided at Portage District General Hospital.

Both the joint program and cataract program address the needs of the residents to have services as close to home as possible.

SPIRITUAL CARE ADVISORY COMMITTEE

As part of the 2006 Accreditation process, the Spiritual Care Advisory Committee developed a Quality Improvement Plan identifying three areas for improvement. One of the areas highlighted was 'to develop a communication strategy with local clergy to facilitate and promote communication between RHA Central and the faith/spiritual communities.' To this end, committee chairs have, in recent years, met with representatives from some of the local ministerial groups and this work continues.



Did You Know

31 % of RHA Central's population is less than 20 years of age.

Capital

CENTRE ALBERT-GALLIOT

The residents of Notre Dame de Lourdes and surrounding areas celebrated the grand opening of the new Centre Albert-Galliot on September 21, 2007. The wellness centre offers a range of medical services in both official languages. Among these services are family medicine, pharmacy, mental health, physiotherapy, massage therapy, chiropractor, public health, and home care. In keeping with the determinants of health, the facility also houses the local library and gym. This community-owned facility has shown the community's determination to pursue health care as one of its main areas of specialization. In addition to the grand opening of the centre, the "Atrium Dr. Barbara Comte" was unveiled to honour Dr. Barbara Comte.

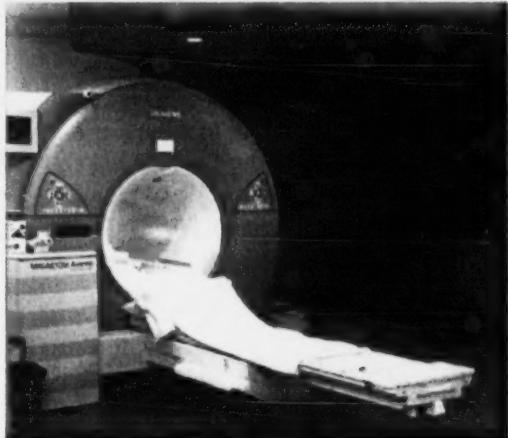


*Grand opening of the Centre Albert-Galliot in
Notre Dame de Lourdes (Sept., 2007).*

JOHN & BONNIE BUHLER MRI CENTRE

The official opening of the John & Bonnie Buhler MRI Centre was held on November 19, 2007. Magnetic resonance imaging (MRI) produces detailed pictures of internal human anatomy and provides high-quality test results safely and quickly. "This state-of-the-art MRI expands our capacity to offer quality diagnostic services closer to home for thousands of Manitobans," said Health Minister Oswald at the opening. "The opening of this new facility builds on our commitment to provide improved access to diagnostic testing and other important health care services right across the province." "This new centre will provide increased access to specialized services for the residents of the Region," said Kathy McPhail, CEO, "As well, the centre will assist the Region in the recruitment and retention of skilled medical professionals."

The Manitoba government provided \$4 million toward the total project cost of approximately \$7 million. Remaining funds were provided through donations from the Boundary Trails Health Centre Foundation, the City of Winkler, the Town of Morden, local municipalities and Manitoba business person Mr. John Buhler and the Regional Health Authority - Central Manitoba Inc.



*John & Bonnie Buhler MRI Centre at Boundary
Trails Health Centre.*

REDEVELOPMENT TO THE PORTAGE DISTRICT GENERAL HOSPITAL EMERGENCY ROOM

The province is committing more than \$5 million to expand the emergency room at the Portage District General Hospital. This redevelopment will ensure even better and faster patient care by almost doubling the size of the treatment area while creating a more efficient space that will help staff to continue delivering quality care to seriously-ill patients. The redevelopment of the 89-bed acute care facility's emergency room will include:

- four additional treatment spaces including two observation beds and two treatment stretchers
- an improved triage area
- improved infection control
- enhanced privacy; and
- a new double ambulance bay replacing the existing single bay.

One of the observation beds and one of the stretcher treatment areas will be designed as negative pressure isolation rooms and used to prevent the spread of communicable diseases.

These rooms are designed to make sure that contaminated air cannot escape from the negative-pressure rooms to other parts of the facility. Construction at the Portage District

General Hospital began in the summer of 2008.

Did You Know

In comparison to the provincial average of 11 weeks, RHA Central wait times for MRI Scans is 5 weeks. Over 1,000 MRI scans were performed from November, 2007 - March, 2008 – that represents 200 MRI's/month.

In comparison to the provincial average of 6 weeks, RHA Central wait times for CT Scans is 1 week. In 2007-08, RHA Central performed 7,800 (Portage la Prairie and Boundary Trails Health Centre) of the 144,100 scans performed in the province of Manitoba. This represents 150 CT scans/week.

In comparison to the provincial average of 10 weeks, RHA Central wait times for ultrasound exams is 4-6 weeks. In 2007-08, RHA Central performed 13,403 of the 144,304 ultrasound exams performed in the province of Manitoba.

There were 228 cataract surgeries performed in Portage la Prairie in 2007-08. In 2007-08, RHA Central wait time for cataract surgery was 14 weeks.

There were 110 total hip replacement surgeries and 94 knee replacement surgeries performed in Boundary Trails Health Centre in 2007-08. Wait times are 18 weeks and 7 weeks respectively.

Did You Know

In 2007-08, over 27,000 rehab service visits were carried out in RHA Central, including physiotherapy, occupational therapy and speech therapy.

Statement of Purpose

The Regional Health Authority - Central Manitoba Inc. exists so that people in our Region are as healthy as they can be at a reasonable cost to the community.

Board END

CHILDREN are as healthy as they can be

Strategic Priorities

Provide families with access to information and services to promote healthy growth and development with early identification of their child's needs.

Achievements 2007-08

- ▶ Adhoc Intersectoral working group - School Divisions, Family Services & Housing (FS&H), Child & Adolescent (C&A) Program, and Healthy Child Coalition (HCC) completed review and revision of the Preschool Wellness Fair Collaborative Planning Guidelines.
- ▶ Continuing to establish link with nine school divisions- student services administrators for data collection re: number of children entering kindergarten with a developmental concern that have not been identified or referred in their preschool years.
- ▶ Review of Healthy Baby Parent Information completed and now regionally consistent.
- ▶ Now offering educational inservices to contracted Healthy Baby sites to promote consistency of best practice.
- ▶ Healthy Smile, Happy Child program implemented in 2006 with separate program funding to June, 2008. This program has since been extended.

- ▶ Collaboration was received from School Divisions to complete the Regional Youth Health Survey. Youth Health Survey completed and sent to CancerCare for compilation and data analysis. Results pending.
- ▶ Collaboration was received from the Portage School Division to develop the Teen Health Clinic proposal. Healthy Living proposal for the Portage Teen Clinic was approved with two-year funding (07-09). The Teen Clinic - located at the Portage Collegiate Campus. School Divisions are partnering to complete space renovations. The initiative will be staffed with a part time nurse practitioner, existing public health nurse services and access to dietitians and mental health services.
- ▶ RHA staff presented an overview of RHA Child & Adolescent services to the Red River Valley School Division - student services administrators and resource teachers.
- ▶ A monthly Nutrition Newsletter was developed by the Regional Nutrition Practice and distributed to schools in the Region for inclusion in their school newsletters and parent information.
- ▶ A regional Asthma Education program includes the asthma education program called "RAP"- (Roaring Adventures with Puff) endorsed by the Asthma Ed Centre at Health Sciences Centre. This education targets ages 7-12 in school and community setting.
- ▶ We developed a common school presentations for Sexually Transmitted Infections education.

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Board END

CHILDREN are as healthy as they can be

Strategic Priorities

Provide timely access to appropriate service.

Achievements 2007-08

- ▶ Rehab Services established annual contract for RHA-Occupational Therapy (OT), Physiotherapy (PT) services with seven School Divisions in Region.
- ▶ Provincial Children's Therapy Initiative (CTI) redefined the definition of waiting list and wait time to facilitate greater consistency of data across regions.
- ▶ In 2007-08, speech language pathology (SLP) inservices were provided to a total of 76 participants, including parents, early childhood educators, Families First home visitors, and Family Services & Housing (FS&H) - child development workers.
- ▶ OT *How Does Your Engine Run* inservice provided to a total of 80 participants including resource teachers, teachers, educational assistants and school clinicians.
- ▶ Initial consultation with School Divisions - student services administrators, Therapy Services and FS&H for development of Transition Planning Process for preschool to school to monitor the effectiveness of services, to meet needs of the client.
- ▶ A collection of regional Children / Family Services information was compiled producing the Children's Services Resource Directory to facilitate service linkages.

Board END

ABORIGINALS, including First Nations, Métis, and Inuit, are as healthy as they can be

Strategic Priorities

Create a culturally competent organization providing culturally appropriate services to all clients and in particular aboriginal clients.

Achievements 2007-08

- ▶ Permanent Human Resources Officer - Aboriginal Employment has been hired in 2008.
- ▶ Cultural education sessions now offered at every Regional General Orientation (RGO) session for all new staff, as well as in other sessions for current staff. 33 RGO sessions offered annually for staff. Three Cultural Awareness Education sessions offered at Portage District General Hospital by the Portage Friendship Centre.
- ▶ Cultural Diversity Workshop offered via Employee Assistance Program for staff education/human resources department.
- ▶ Aboriginal Health Transition Fund (AHTF) adaptation envelope proposal written in 2007/08 and partial funding received for 2008/09 and 2009/10 fiscal years. AHTF proposal includes systems analysis of cultural conflict resulting from incongruence between health care culture and aboriginal culture. Letters of support received from Sandy Bay First Nation, Long Plain First Nation and Dakota Tipi First Nation - project underway.
- ▶ Aboriginal representation on the RHA Central Board.
- ▶ RHA Board meeting held at Swan Lake First Nation including ownership linkage.
- ▶ Spiritual Care Advisory Committee has aboriginal representation. A new representative started on April 1, 2007 from Swan Lake.
- ▶ Ojibway language version of *Its Safe to Ask* patient safety initiative distributed throughout the Region.
- ▶ Ongoing relationship building with aboriginal people in RHA Central. Some existing work includes:
 - ✓ Aboriginal Liaison Committee Portage District General Hospital.
 - ✓ Partnership with Roseau River First Nation for electronic medical

Board END

ABORIGINALS, including First Nations, Métis, and Inuit, are as healthy as they can be

Strategic Priorities

Achievements 2007-08

records implemented in September, 2007 in Emerson, Ginew Wellness Centre and Morris.

- ✓ Met with First Nation communities. Discussed challenges for health service provision from First Nation and RHA Central perspectives; dialogue ongoing.
- ✓ Swan Lake First Nation continues to participate in the Risk Factor & Complication Assessment program.
- ✓ Memorandum of Understanding signed with Aboriginal Friendship Centre Portage la Prairie to support Diabetes prevention and healthy living. Risk Factor & Complication Assessment (RF&CA) funding being utilized to fund a dietitian in collaboration with the Portage Friendship Centre
- ✓ Participation in Dakota Tipi and Swan Lake First Nations Health Fairs per request.
- ✓ Aboriginal cultural awareness workshops at Portage District General Hospital facilitated by Portage Friendship Centre.
- ✓ Continued Partnership with Sandy Bay First Nation for Chronic Disease Prevention Initiative.
- ✓ CEO and coordinator for Aboriginal Health met with new Health Director for Dakota Ojibway Tribal Council in March, 2008.
- ✓ Partnership developed with Roseau River First Nation for medical health records system ensuring continuity of patient information between physician clinics in Morris and Ginew.

Board END

WOMEN are as healthy as they can be

Strategic Priorities

Achievements 2007-08

Develop a Women's Centered Health Framework in collaboration with Intersectoral partners.

- Women's health team in consultation with key internal stakeholders involved with women's health programming reviewed and agreed to adapt the Vancouver/Richmond Women's centered health framework.

Develop a comprehensive Healthy Women's Program.

- Wellness events in 2007/08:
 - Carman
 - Emerson
 - Swan Lake
 - Portage la Prairie
- Altona held the Healthy Communities Conference in April, 2007 with a theme of women's health.
- Several physician clinics in the Region participated in the provincial Pap test day with CancerCare Manitoba.

Board END

WOMEN are as healthy as they can be

Strategic Priorities

Achievements 2007-08

Develop and implement an infant nutrition strategy.

- ▶ Breastfeeding sessions in community: occurs routinely at prenatal classes throughout the Region, as well there were 19 *Growing with Mom* sessions in 13 different communities. There was also a session for *Growing with Mom* regional contract community facilitators in June, 2007, three presentations done in St. Claude to promote breastfeeding and two school/student presentations in Winkler at the high school level.
- ▶ Ongoing site inservices are provided by public health nurses who are lactation consultants to reinforce breastfeeding practice guidelines and LATCH-R tool implementation.
- ▶ There were two breastfeeding inservices for staff held, one at Boundary Trails Health Centre for obstetrical nurses in October, 2007 and one for public health nurses in September, 2007.

Board END

SENIORS are as healthy as they can be

Strategic Priorities

Achievements 2007-08

Reduce falls/injuries and resulting hospitalizations related to unsafe conditions in the living environment.

- ▶ A home safety program was piloted in Pilot Mound/Crystal City. EMS and Services to Seniors provided home safety checks related to falls risks and hazards upon request from community members. As of March 31, 2008, 12 home safety checks had been completed.
- ▶ Age & Opportunity has implemented a Safety Aid Program in Portage la Prairie and Gladstone.

Caregivers will feel supported with care in the home and appropriate clients will remain in their home environment.

- ▶ Development of a Home Care Nursing Clinic in Portage la Prairie.

Increase public and employee awareness of elder abuse and decrease the incidence of elder abuse.

- ▶ Long Plain First Nations Communities have completed an Elder Abuse Resource Guide specifically for their Elders.
- ▶ Dakota Tipi, Sandy Bay, Swan Lake and Roseau River use the guide developed by the RHA or have access to other resources (e.g. handout) and find these sufficient for their needs at this time.

Increase affordable housing options for seniors with appropriate supports relevant to their needs resulting in lowering personal care home (PCH) bed requirements for level 1 and 2N applicants.

- ▶ There are 16 community resource councils (Services to Seniors) throughout the Region and 20 congregate meal programs.
- ▶ Phase 1 - three Support to Seniors in Group Living (SSGLs) approved and implemented including: Heritage Village, Winkler; Parkview Manor & Evergreen Place, Carman; Regency House, Portage la Prairie.
- ▶ Phase 2 - eight Support to Seniors in Group Living (SSGLs) were approved. We have successfully implemented 5/8 including: Tabor Home Inc, Morden; Ebenezer Manor, Altona; Rosenort; Boyne Towers, Carman; Prairie View Lodge, Pilot Mound.

Board END

INDIVIDUALS are as healthy as they can be

Strategic Priorities

Create an Injury Prevention Strategy and Program based on evidence and in partnership with stakeholders.

Achievements 2007-08

- ▶ Regional participation in Safe Kids Week -drowning prevention May and June, 2007.
- ▶ There are a variety of farm safety programs operating in the Region: Progressive Agriculture Safety Day/less structured Farm Safety Day camps, preschool wellness fairs and other farm safety messaging:
 - ✓ Progressive Agricultural Safety Camps at Miami, Altona, Morden and Somerset.
 - ✓ School Farm Safety presentations at Western, Garden Valley and Portage School Divisions.
 - ✓ Farm Safety Awareness at St. Jean Farm Days, Rock Lake Health District and Manitou.
 - ✓ Distributed farm safety placemats to all communities in RHA Central targeting farmers who gather for coffee.
 - ✓ Encouraging referral of farm families to creating safe spaces on farms (fencing grants through Manitoba Healthy Living).

Create a Chronic Disease Strategy supported by evidence, that meets the needs of residents of Central Region through prevention and appropriate care and treatment; resulting in reduced incidence of chronic disease and reduced complications in those people living with chronic disease by improving access for appropriate care and services related to chronic disease.

- ▶ Boundary Trails Diabetes educators presented at Boundary Trails Physician Continuing Medical Education - 30 physicians in attendance.
- ▶ Portage Diabetes education presented for Portage District General Hospital staff.
- ▶ June, 2007 - Risk Factor & Complication Assessment (RF&CA) training completed for Notre Dame and St. Claude.
- ▶ Training for RF&CA offered to the multi-disciplinary care teams being developed through the Physician Integrated Network (PIN) Pilot Projects in RHA Central- CW Wiebe Medical Clinic and Agassiz Medical Clinic.
- ▶ Annual Nutrition Month promotion in March, 2008 targeted communities and RHA staff.

Individuals and communities will access emergency/crisis mental health services in accordance to standards and best practice.

- ▶ In March, 2007, we conducted a survey of care providers in Boundary Trails & Portage District General Hospital to assist in determination that emergency/crisis mental health services is an effective resource to ensure appropriate assessment & treatment of individuals presenting to Emergency Room (ER) with mental health crisis. There was 100% satisfaction.
- ▶ In March, 2008 we solicited feedback from ERs across the Region to determine level of satisfaction in being able to access emergency mental health liaison nurse at regional hospitals either for purposes of consultation or to facilitate transfer to regional centre for more thorough assessment. Feedback received indicates increasing awareness of the service at the two regional sites and its availability to all regional ERs on a consultative basis and general satisfaction with the service provided when accessed.
- ▶ Ongoing efforts are being made to ensure that ERs across the Region are knowledgeable about how emergency mental health service is accessed and how it may assist individuals with mental health crisis who present to emergency rooms.

Board END

INDIVIDUALS are as healthy as they can be

Strategic Priorities

Decrease number of suicide attempts and completions in the RHA.

Achievements 2007-08

- ▶ In 2007/08 we provided four Applied Suicide Intervention Skills Training (ASIST) sessions in various communities across the Region, involving a total of 66 participants. This is in keeping with our current plan to provide this training in Central Region. The plan continues to be to provide this training on an ongoing basis.
- ▶ In 2007/08 we trained two clinicians to provide SAFETALK sessions and we provided four such sessions involving a total of 88 participants. The availability of this resource is widely advertised and will be offered on an ongoing basis.
- ▶ A regional education promotion committee, consisting of self help and community mental health representatives was developed in 07-08 in effort to organize and keep track of our mental health education promotion activity.

Standardize policies and processes throughout the Region to ensure quality, safe care for clients.

- ▶ Regional Teams continue to develop specific clinical policies and guidelines that meet evidence-based practices and are not already included in the Resource Reference Manual.
- ▶ Central Region is working in a partnership with Manitoba Heart and Stroke Foundation to develop the inventory of stroke care prevention activities, education for physicians and other providers, guidelines for identification of transient ischemic attacks and acute strokes.

Adjust scope and design of services as a result of utilization assessments to meet client needs based on evidence and best practice.

- ▶ In 2007/08, 29 client education handouts were developed. The client education handouts are available at all acute care sites and on our website.
- ▶ There is a cooperative effort by all regions to partner with Health Links - Info Santé to develop consistent education handouts for all regions.
- ▶ In December, 2006 a Regional Surgical report was completed and circulated to internal stakeholders. In March and June, 2007 internal stakeholders developed next steps towards creating a regional plan. An update to the Surgical Vision Report was completed in February, 2008 and vetted through the internal stakeholder group consisting of surgeons and anaesthetist in April, 2008 for revisions and support.
- ▶ Reorganization of colonoscopy procedures has occurred and with the addition of the Carman Memorial Hospital in October, 2007. We are striving to reduce wait times.
- ▶ In 2006/07 there were a total of 23 nurses working in the OR's in the Region. An additional three Registered Nurses's were hired in 2007/08.
- ▶ A provincial peri-operative training and orientation program has been developed and offered in Winnipeg. Seven RN's from the Region have had the opportunity to take this training.

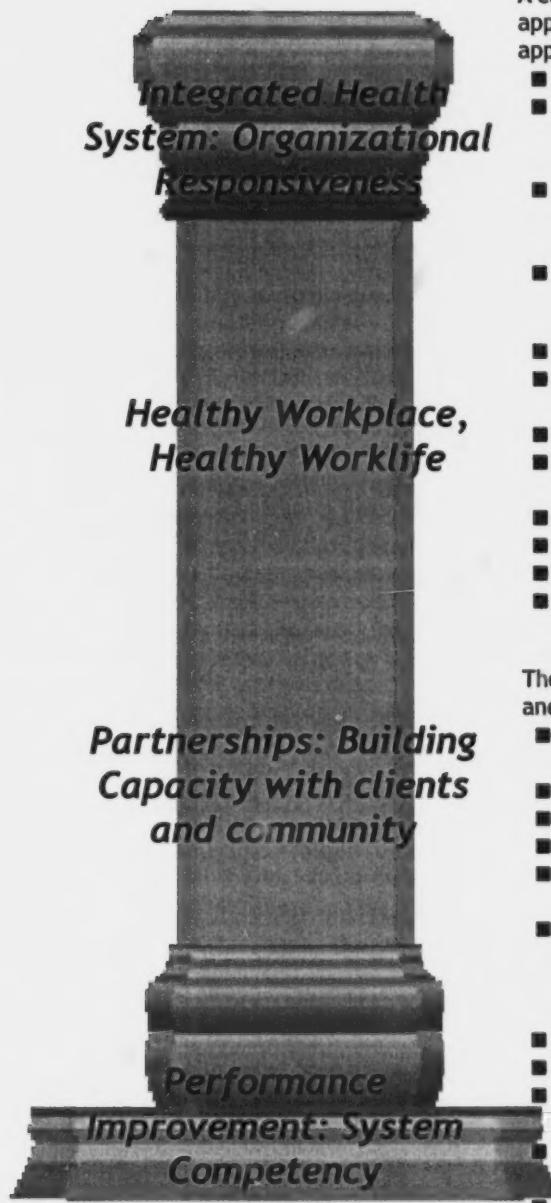
Did You Know

RHA Central ambulances responded to 8,142 calls during 2007-08 fiscal year.

Did You Know

The regional Adult Day program provided 12,500 participant days to clients.

The Regional Health Authority - Central Manitoba Inc. identifies four strategic pillars



A comprehensive, coordinated and seamless regional approach to providing the most appropriate care, by the most appropriate providers, in the most appropriate settings with:

- Equitable access to care throughout the life cycle.
- A high-quality and safe health care system, focused on improved health of our population and sustainability of resources
- The component parts of the system linking together and participants working collaboratively together to deliver care and services
- Primary health care as the hub.

- Core values in action: Integrity, Caring and Excellence
- A wholesome, safe place that provides for effective work practices
- Employee wellbeing
- An organizational culture that supports teamwork and alignment of people and services
- Retention and Recruitment competency
- People development
- A learning environment
- Effective succession management processes.

The development of collaborative relationships with people and organizations to:

- Create new opportunities for strengthening our programs and services
- Better utilize limited resources
- Share knowledge and expertise
- Engage community stakeholders
- Develop an information and resource exchange with academic institutions
- Cultivate a shared sense of responsibility for healthy communities.

- Positive change in capacity, process and outcomes
- Best practices employed throughout the organization
- Timely access to the best data and knowledge available to make the best decisions
- Prioritizing and allocating resources to increase the likelihood of desired health outcomes
- Organization-wide accountability in management of risk, utilization and quality.

Overall Strategic Pillar Achievements in 2007-08

Actions/Strategy/Outcome	ACHIEVEMENTS IN 2007-08
<i>Develop a sustainable, secure and stable Information Technology infrastructure that will provide the foundation for the electronic health records and administrative support applications.</i>	<ul style="list-style-type: none"> ▶ Ongoing development and maintenance of the Region's Local Area Networks (LAN's)
<i>Improve access to care and information through the technologies of TeleHealth and the internet.</i>	<ul style="list-style-type: none"> ▶ In the first year of operation, the four new French Language Services (FLS) sites added in Notre Dame de Lourdes, St. Jean Baptiste, St. Claude and Swan Lake have been very active.
<i>Develop education, orientation and training sessions for all staff relative to respectful workplace and cultural sensitivity.</i>	<ul style="list-style-type: none"> ▶ The respectful workplace policy is included in orientation for all new employees in the Region and health corporations and is ongoing. From April 1, 2007- March 1, 2008: <ul style="list-style-type: none"> ✓ 501 staff have attended respectful workplace education sessions ✓ Respectful workplace policy education is incorporated into many education sessions, such as regional aggression management and preceptor training ✓ Cultural awareness education sessions have been delivered across the Region. A module is included in Regional General Orientation ✓ In May, 2007, Central Region hosted a special presentation on Kanadier Mennonites ✓ 639 staff attended cultural diversity education sessions in 2007/08 ✓ Education sessions have been developed and presented. Diversity Awareness is part of Regional General Orientation for all new employees as well as a core competency in revised Performance Appraisal program. 690 staff attended cultural diversity education session ✓ 1,202 staff have attended respectful workplace education sessions.
<i>Identify, plan and implement a regional primary health care service delivery model to improve access to French Language Services.</i>	<ul style="list-style-type: none"> ▶ Development of FLS policies in collaboration with the <i>Table de concertation régionale du Centre</i> includes the concept of using the <i>Équipe de santé bilingue</i> as a service delivery strategy providing a locus for networking/designation ▶ September, 2007: Official opening of Centre Albert-Galliot Wellness Centre in Notre Dame de Lourdes ▶ St. Claude/Haywood fundraising project underway to facilitate access to bilingual health care services within a wellness centre ▶ A report of common themes from the localized community health assessments conducted in Notre Dame de Lourdes, St. Claude, RM of Montcalm and RM of Lorne (Somerset) was submitted to the <i>Table de concertation régionale du Centre</i>.

Actions/Strategy/Outcome

Distributed resources that support client services and improve population health in a manner consistent with primary health care principles of affordability and sustainability.

Facilitate care provision through integrated multi-disciplinary teams.

Development of a regional workplace, health and safety program.

Increase job satisfaction of staff.

In the context of FLS, develop a proactive communication and consultative process.

ACHIEVEMENTS IN 2007-08

- ▶ Chronic Disease Self Management Support Pilot Project Get Better Together ran in six communities - Portage la Prairie, Notre Dame de Lourdes, St. Claude, Morris, Boundary Trails Health Centre, Gladstone and St. Claude.
- ▶ Advanced Access Education Opportunity shared with Medical Advisory Committee and physician clinics throughout the Region. Physician Management Institute courses offered in RHA Central.
- ▶ RHA Central is working with Physician Integrated Network (PIN) projects at C.W. Wiebe and Agassiz Clinics in RHA Central.
- ▶ Ongoing participation in Congestive Heart Failure Project with Health Links - Info Santé including participation on Steering committee.
- ▶ Nurse Practitioner Proposal for Notre Dame and Portage la Prairie approved for 2008/09.
- ▶ Continued development of Risk Factor & Complication Assessment (RF&CA) multidisciplinary teams- physician, nurse and dietician. Two additional RFCA teams established in 2007-08.
- ▶ Safety program developed according to Workplace Safety & Health legislation and W210 Act of the eleven elements of a safety program.
- ▶ Occurrence reporting database completed.
- ▶ Safety coordination of workplace compliance and improvement orders to sustain and maintain safety initiatives.
- ▶ Regional implementation of new 2007 safety regulations and orders for changes.
- ▶ Disability Case Management for RHA insurers, Worker's Compensation Board (WCB), Healthcare Employees Pension Plan and Manitoba Public Insurance. Employee contact, medical consultations and claim reviews with the insurers. Employee, supervisor, union are stakeholders of the disability management program.
- ▶ Formal return to work program developed.
- ▶ Reduction of days lost; WCB costs reduced by 7% in 2007.
- ▶ Duty to accommodate processes are practiced with insurer requests and employee participation.
- ▶ A minimum of two management development programs offered annually. This has been expanded to front line managers and some front line staff. Mandatory for all new managers.
- ▶ In 2007 the Physician Management Institute Course was included as well disclosure training for managers. At all sessions combined, there were 134 managers having attended in 2007-08
- ▶ Liaison and collaborative projects between RHA Central and the *Table de concertation régionale du Centre* are ongoing. This strong partnership is integral to our FLS planning and accomplishments.
- ▶ In early 2007, the Prix Ronald-Duhamel - Ronald Duhamel Award was presented to the members of the FLS Unit of the RHA - Central who demonstrated leadership and partnership by incorporating French-language services into all health-service delivery efforts in their Region.

Actions/Strategy/Outcome

Implement information technology solutions that support the creation of the integrated electronic health records system.

Creation of the integrated Information Management system as identified by the ownership group supported by the implementation of information technology solutions.

Utilize internal and external resources (Employee Assistance Program) to provide educational and training sessions for our staff.

Develop job descriptions, testing tools and performance appraisals based on identified competencies.

Lobby for educational programs in Region - Registered Nurses, Licensed Practical Nurses, Emergency Medical Services, Health Care Aide, etc.

Implementation of system changes to strengthen the culture of safety, as identified through a comprehensive regional patient safety assessment and subsequent action plans.

Implement a comprehensive regional emergency preparedness program.

Meeting Standards.

ACHIEVEMENTS IN 2007-08

- ▶ Online Business Systems worked in collaboration with the Province, Interlake RHA and RHA Central on developing implementation plans re. the Hospital Information System Project for Community Hospitals/Long Term Care (HISP - CH/LTC). These documents will be used exclusively by Manitoba Health including eHealth Services.
- ▶ Provincial Client Registry Project to run concurrently with the Interim Admission/Discharge/Transfer Version Upgrade & Regional Rollout Project.
- ▶ Projects commenced with the following project processes activated - Initiation, Planning, and Execution & Control.
- ▶ Owner identified for intranet portal services, content management, document collaboration and document management. Funding secured through Information Communication Technology Provincial Small Project Fund for Document Management. Roadmap completed following conclusion of on-line survey and staff focus groups. Implementation proposal initiated.
- ▶ Administrative Practice Team planned and implemented region-wide records inventory of non-patient information.
- ▶ 141 Employee Assistance Program (EAP) sessions offered. 52 sessions were provided utilizing external resources.
- ▶ Receive and utilize 33 hours educational training per year from Employee Assistance Program.
- ▶ Job Description policy revised in Fall 2007 to include FLS. requirement.
- ▶ New template developed in Spring, 2007 for all job descriptions (continue to be formatted into template). In the process of managers reviewing, updating and approving.
- ▶ Submitted application for rural rotating LPN program 2007/08 and 2008/09. Successful for 2008/09.
- ▶ RN and LPN programs being delivered locally in 2007/08.
- ▶ Five high schools in Region now delivering program with "dual credit" health care aide program with Red River College.
- ▶ Disclosure training sessions were held in the Region. In total, 66 people attended the session.
- ▶ Pandemic plans are currently in the process of being developed and will be exercised in 2008.
- ▶ An incident command structure has been designed.
- ▶ Large scale flood plans have been completed for those areas at risk.
- ▶ Regional code grey document has been developed and staff education is in process.
- ▶ Three facility "non-pandemic" table top exercises, two facility mock "non-pandemic" table top exercises and in eight community-based "non pandemic" table top exercises held.
- ▶ College of Physicians and Surgeons visits to many facilities; in 2007-08: Altona, Swan Lake, Carman, the Rock Lake Health District as well as Boundary Trails Health Centre and Morris
- ▶ Long Term Care Manitoba Health Standards visits were made to all of the personal care homes in the Region.

We continue to build partnerships

The following provides a sample and range:

- ◆ Contract Health Corporations
- ◆ Education/School Divisions
- ◆ E-Health Manitoba
- ◆ Foundations
- ◆ Healthy Living Together & Chronic Disease Prevention Initiative Communities
- ◆ Family Services & Housing
- ◆ Friendship Centres
- ◆ Society for Manitobans with Disabilities
- ◆ Rehab Centre for Children
- ◆ First Nation Communities
- ◆ Manitoba Métis Federation
- ◆ First Nations and Inuit Health Branch
- ◆ Manitoba Health & Healthy Living
- ◆ Communities in Central Region
- ◆ *Table de concertation régionale du Centre*
- ◆ Société Santé en Français
- ◆ Conseil Communauté en Santé (CCS)
- ◆ Other Regional Health Authorities
- ◆ Diagnostic Services of Manitoba
- ◆ Services to Seniors Groups
- ◆ IMPACT Manitoba
- ◆ Royal Canadian Mounted Police/Local Police Services
- ◆ Fire Departments
- ◆ Manitoba Public Insurance
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- ◆ And many other valued partnerships.

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Community and Health System Characteristics

In this Annual Report, we are looking specifically at "Who Are We?" In other words, we are looking in depth at our population and answering questions such as:

- What is our population?
- Is our population made up of older or younger people?
- Have we grown over time?
- Is Central Region going to grow or decrease in population?
- Are there specific age groups in our population where we can expect to see the largest increases or decreases?
- What is influencing changes in our population - that is, are we having more babies, or are we seeing more people moving into our Region?

It might seem surprising for a Health Region to focus its annual report primarily on population and how it is changing. However, the size and structure of our population is very important for many reasons. Population change has four main dimensions:

- Changes in size,
- Composition,
- Mobility, and
- Geographic distribution.

As populations grow, age and move, various demographic and social characteristics change. These are often accompanied by changes in levels and distribution of income. Historically, such changes have often been accompanied by changes in levels of literacy, social modernization, and public health infrastructure - all of which influence patterns of health and disease.

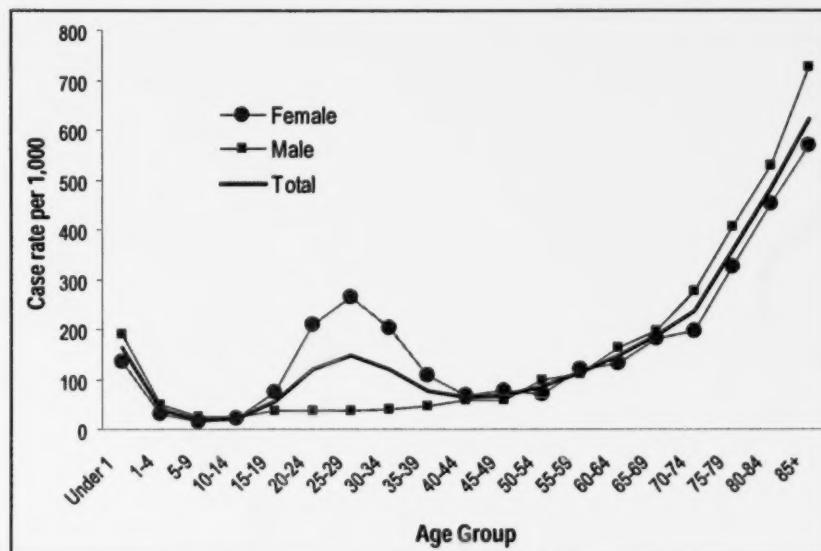
Within Manitoba, there are differences in levels of, and trends in, income, fertility rates, life expectancy and population size and growth. It is important to note that different types of influences on, and outcomes in, population change have different impacts on health. For example, some demographic changes

have immediate health consequences: for example, an increase in rural-urban-rural migration can contribute to the spread of infectious disease. Other changes act more slowly; for example, an ageing population. With ageing, there often comes an increase in chronic diseases, reduced levels of functioning, and disability, leading to increased medical care and health care expenditures. Family and community-based support mechanisms for caring for the elderly may be challenged as the number of elderly people with health problems grow. This can be particularly challenging in situations where younger family caregivers may be moving away from the Region.

Two of the main population drivers of health outcomes are urbanization and migration. People who move to our Region from other countries (migration) may come with different health status backgrounds but they will gain increased access to education, health care and employment opportunities (with potential benefits to their health). However, changes in eating patterns and physical activity patterns among new immigrants have been shown to contribute to obesity, and chronic disease processes. In addition, changes in family and community relations can introduce tensions, conflict resulting in health problems. As we will see, migration, particularly international migration, is projected to increase significantly in our Region; it will be important to continually plan for regional growth and changing health care needs with these factors in mind.

Figure 1 provides an illustration of the association between age and health care utilization. There are certain peaks, where hospitalization rates are highest. The most obvious are at birth, then among females age 19 to 39 (mostly because they are giving birth) and then at the far end of the spectrum we see hospitalization rates increase dramatically by about age 70 and older. As age increases, we see that elderly men have the largest increase in hospitalization rates.

FIGURE 1. Hospitalization rate by age group and gender, RHA Central residents, 2006/07.



Source: Manitoba Health & Healthy Living, Table 25, 2006/07 report.

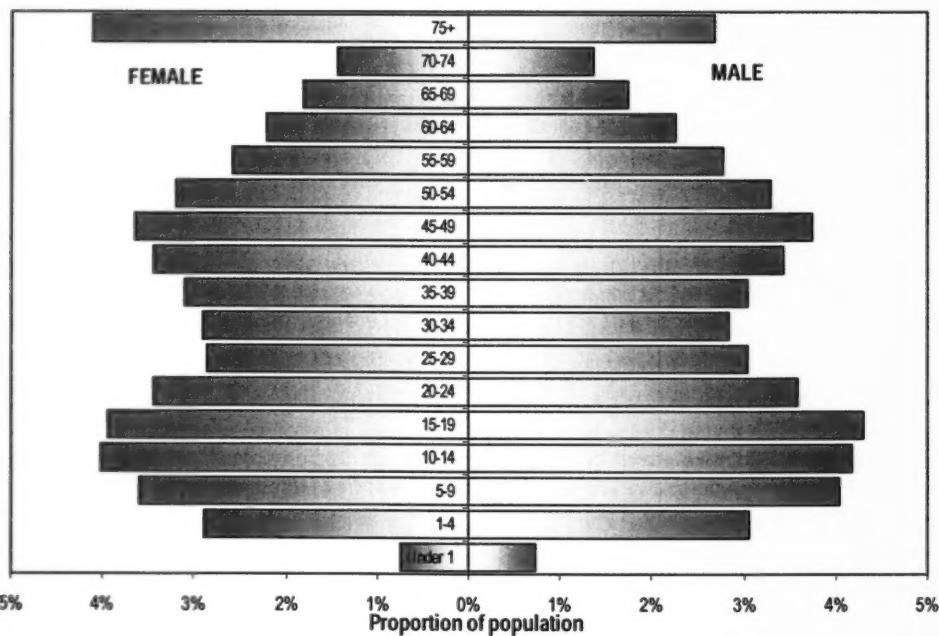
AN OVERVIEW OF OUR CURRENT POPULATION

Central Region has the largest population of all rural and northern Manitoba RHA's and is second only to Winnipeg in population. The most recent population estimate available for the Central Region from Manitoba Health is for June of 2007 and it indicates that the population was 102,875. Just under 31 per cent (almost 1 in 3) of our residents is under the age of 20.

While approximately 10 per cent of RHA Central residents self-identified as Aboriginal in the 2001 Census, only about 3.6 per cent of our residents are First Nations people living on-reserve. According to the 2001 Census, approximately 5 per cent of our residents are Francophone compared to four per cent of the provincial population.

Figure 2 presents the population pyramid for our 2007 population. A population pyramid shows us at a glance the composition of our population by age group. For example, a very young population (which is more likely seen in developing countries) would have a very wide base to the pyramid with a very narrow top (more like a triangle in shape). The population of RHA Central does have a fairly wide base (our young people) but we also have a fairly high proportion of residents who are age forty and older. We can see from this pyramid also that we have a moderately high rate of people age 75 and older in our Region.

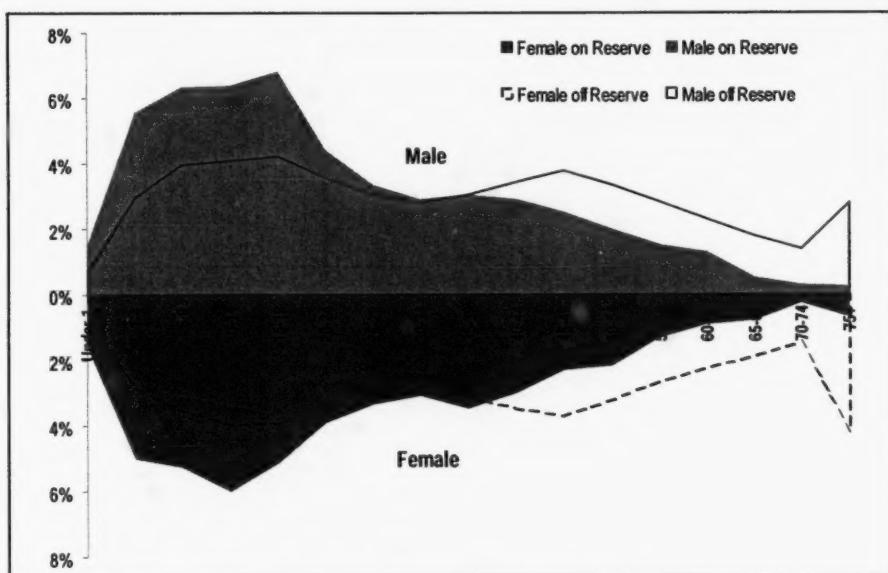
FIGURE 2. RHA Central Population Pyramid, 2007.



Source: Manitoba Health & Healthy Living, June, 2007 population report.

Figure 3 presents another way to look at our current population distribution. This Figure shows the distribution of our population by both male and females is shown above in the population pyramid. However, this Figure also illustrates the differences in age distribution between residents of our Region who live on-reserve compared to those who live off-reserve. In this illustration, residents living on-reserve are represented by the shaded areas (males on top of the axis and females below the axis line). Residents living off-reserve are represented by the lines (a solid line for males and a dashed line for females). This graph shows that that the population distribution among residents living on-reserve is very different than for those living off-reserve. On-reserve, a very high proportion of residents are infants and children. In fact, in our Region, 50 per cent of residents living on-reserve are under the age of 20 compared to just 31 per cent of residents living off-reserve.

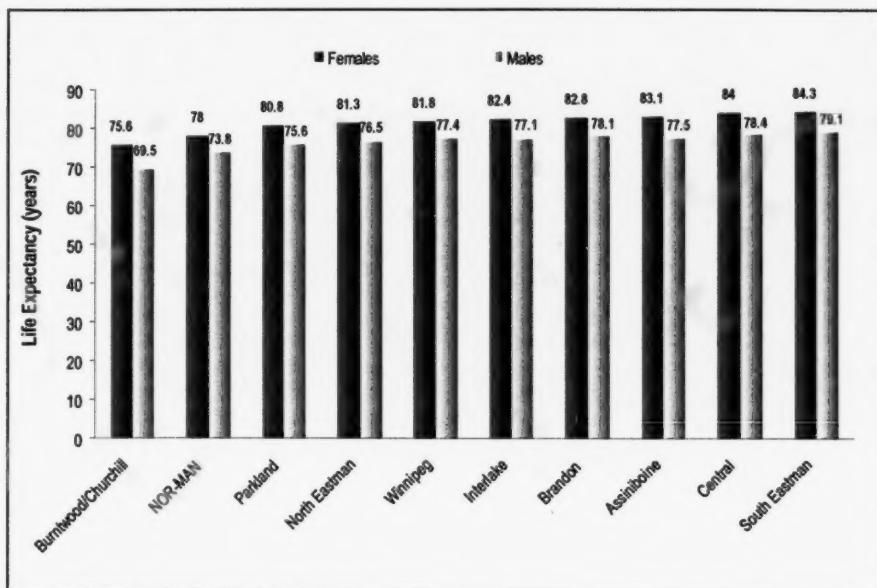
FIGURE 3. Population distribution of RHA Central residents by on and off reserve status, 2007.



Source: Manitoba Health & Healthy Living, June, 2007 population report.

Life expectancy is an important factor to consider when describing our population. Longer life expectancy indicates that the population is living longer and is, in general, in better health status than areas where life expectancy is shorter. However, lengthening life expectancies can also present challenges to our communities and health care systems in providing the supports needed by elderly residents. As Figure 4 illustrates, life expectancy among RHA Central residents is the second highest in the province for both females (84 years) and males (78.4 years) born in 2006.

FIGURE 4. Life Expectancy by RHA, 2006.



Source: Manitoba Bureau of Statistics.

Did You Know

- In Central Region, life expectancy for:
- females is 84 years of age
 - males is 78 years of age

POPULATION CHANGE

Table 1 shows the specific populations by district for 1996 and 2007.

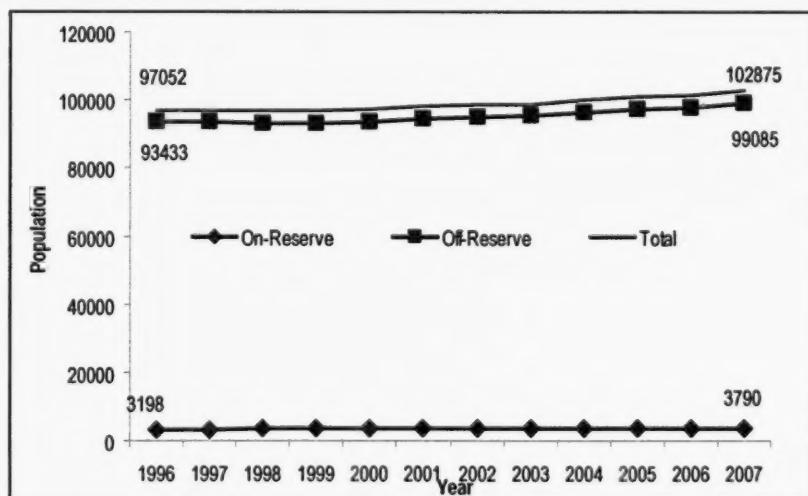
TABLE 1. Population change by district, 1996 to 2007.

District	1996	2007
Altona	8,428	8,858
Carman	10,222	10,093
Cartier/St. François Xavier	6,118	6,528
Louise Pembina	4923	4,328
Morden/Winkler	18,682	24,940
Portage	25,437	25,496
Red River	12,815	13,188
Seven Regions	6,787	6,002
Swan Lake	3,640	3,442
Total Population	97,052	102,875

Source: Manitoba Health & Healthy Living June, 1996 to June, 2007 population reports.

Between 1997 and 2007, the population of RHA Central increased from 96,631 to 102,875 (see Figure 5).

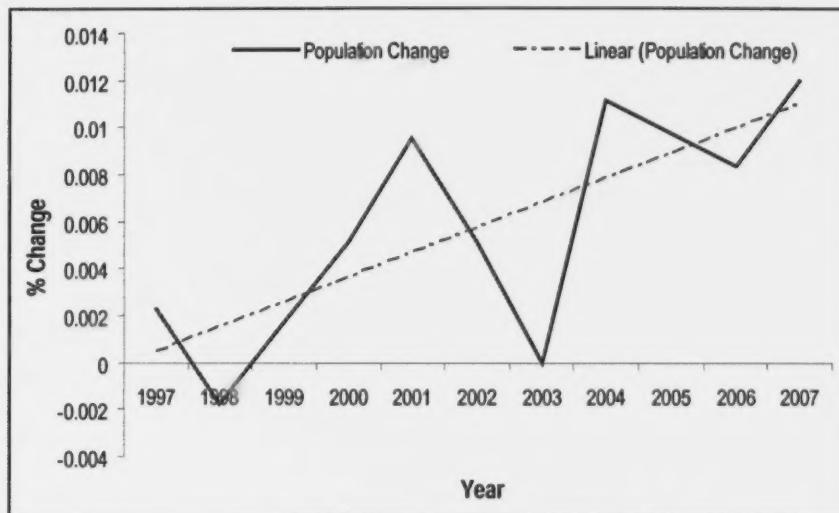
FIGURE 5. RHA Central population change, 1996 to 2007.



Source: Manitoba Health & Healthy Living June, 1996 to June, 2007 population reports.

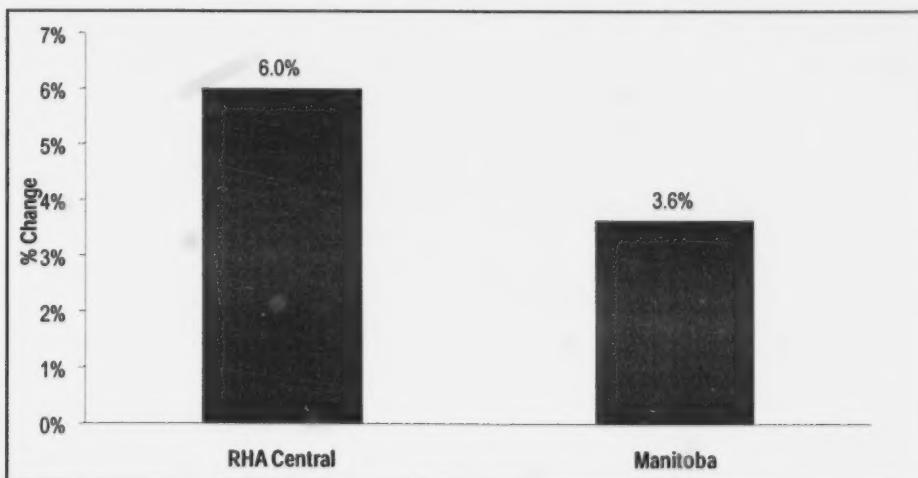
Figure 6 shows the percentage change in population from year to year as well as the linear trend in population change. The linear trend shows that although there have been some slight decreases in population, the overall trend points towards population growth.

FIGURE 6. RHA Central yearly percentage change in population, 1996 to 2007.



The change between 1996 and 2007 represents an increase of 6.0 per cent over the 12-year period which is greater than the provincial growth in this time period (see Figure 7).

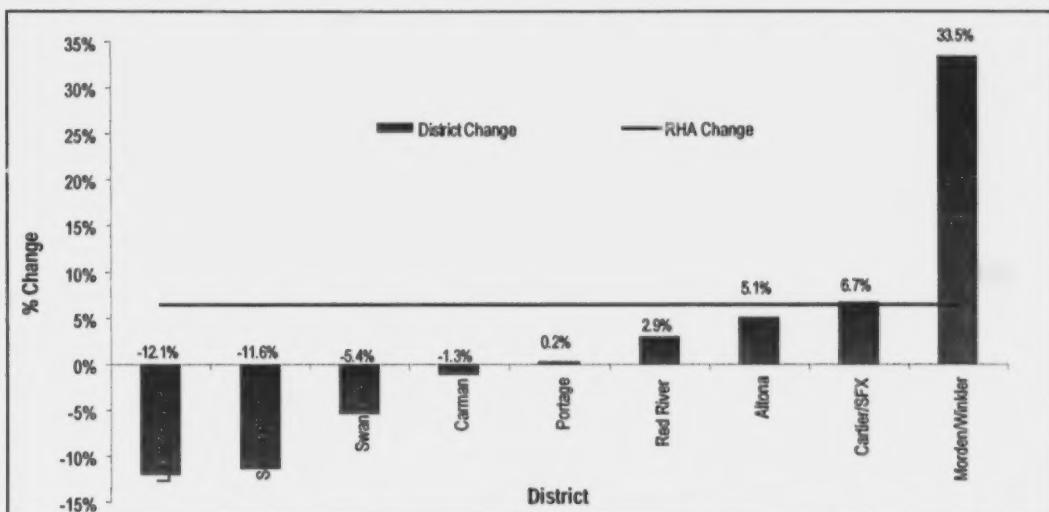
FIGURE 7. Percentage change in population RHA Central and Manitoba, 1996 to 2007.



Source: Manitoba Health & Healthy Living June, 1996 to June, 2007 population reports.

Figure 8 illustrates that although RHA Central has grown by 6.0 per cent overall, there are significant differences in population patterns between the nine districts. For example, Morden/Winkler has shown tremendous growth with a 33 per cent increase (from 18,721 to 24,940) between 1996 and 2007 while other districts such as Louise/Pembina and Seven Regions have decreased by more than ten per cent.

FIGURE 8. Population change by RHA Central District, 1996 to 2007.



Source: Manitoba Health & Healthy Living June, 1996 to June, 2007 population reports.

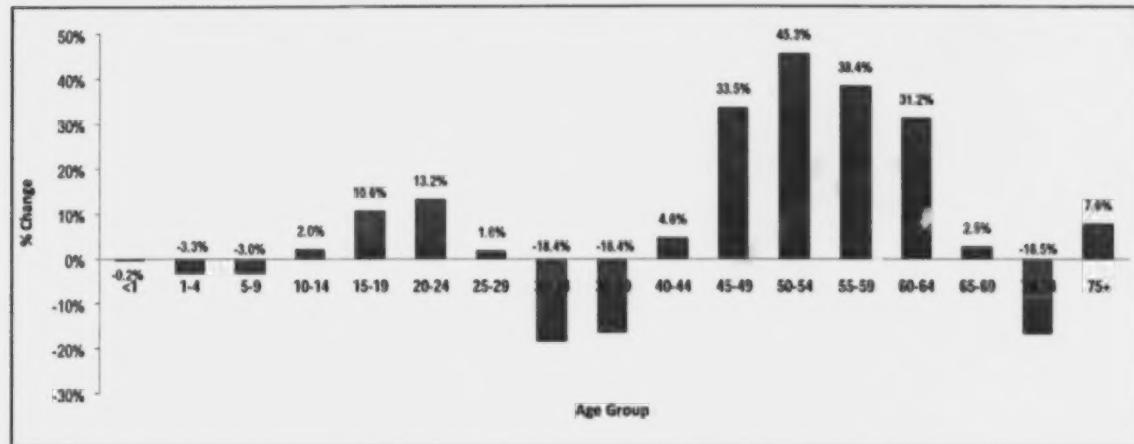
Did You Know

In 2007-08, 1,097 babies were delivered in Central Region with one of the highest projected birth rates in the province.

POPULATION CHANGE BY AGE GROUP, 1996 to 2007

Figure 9 shows that between 1996 and 2007, the age groups that have increased the most are those between ages 45 and 64. There is moderate growth in the 15 to 24 year old age groups but decreases in the 25 to 39 year old age groups.

FIGURE 9. RHA Central population change by age group, 1996 to 2007.

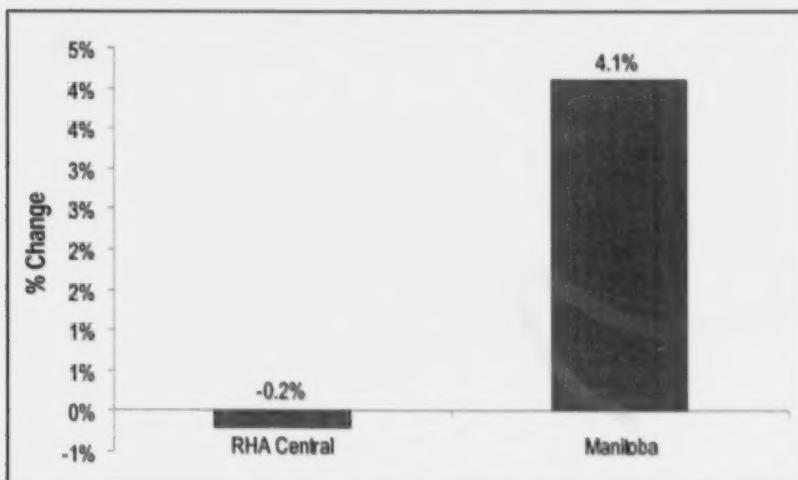


Source: Manitoba Health & Healthy Living June, 1996 to June, 2007 population reports.

Central Population Under Age 1

A review of the population under age 1 specifically shows that this age group has remained very stable and has decreased by only 0.2 per cent (from 1,522 to 1,519) between 1996 and 2007. At the same time the provincial population under the age of one has increased by 4.1 per cent (see Figure 10).

FIGURE 10. Change in population under age 1, 1996 to 2007.

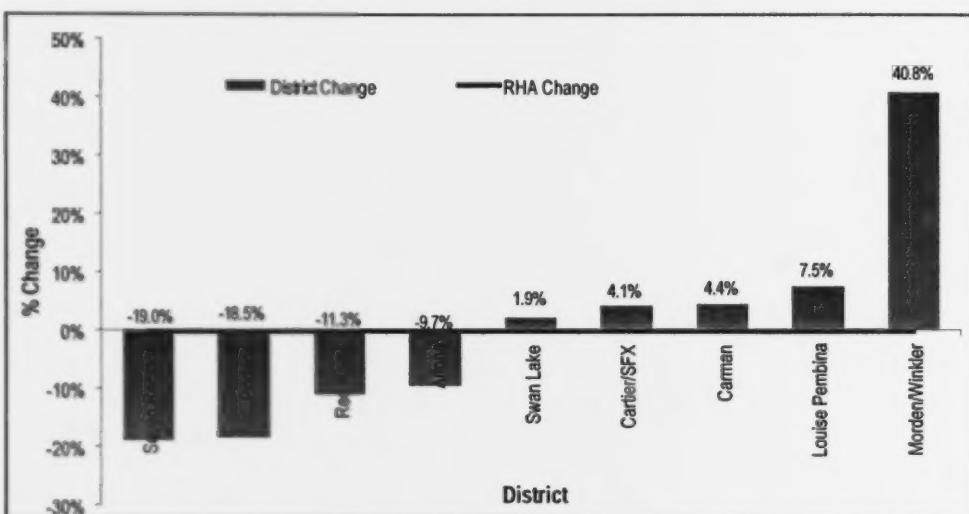


Source: Manitoba Health & Healthy Living June, 1996 to June, 2007 population reports.

Annual Report 2007-2008

There are significant differences between the Districts in the changes of this age group. For example Louise Pembina (7.5%) and Morden/Winkler (40.8%) have shown large increases in this age group while Portage (-18.5%) and Seven Regions (-19.0%) have decreased the most (see Figure 11).

FIGURE 11. Change in population under age 1 by district, 1996 to 2007.



Source: Manitoba Health & Healthy Living June, 1996 to June, 2007 population reports.

See Table 2 for populations under age one by district for 1996 and 2007.

TABLE 2. Population under age one by district, 1996 and 2007.

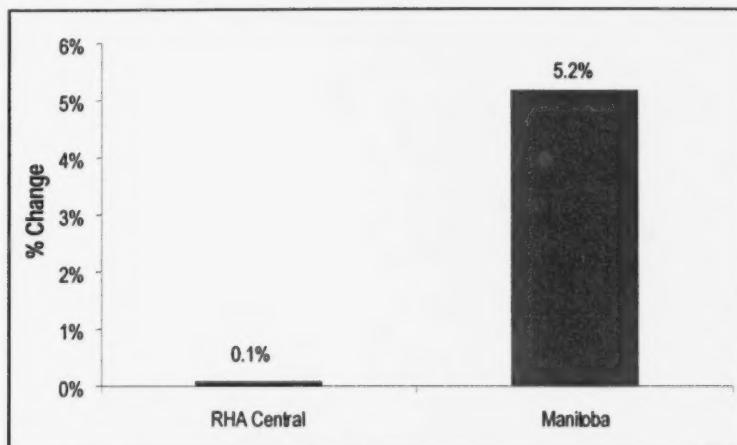
District	1996	2007
Altona	165	149
Carman	136	142
Cartier/St. François Xavier	73	76
Louise Pembina	40	43
Morden/Winkler	306	431
Portage	399	325
Red River	204	181
Seven Regions	147	119
Swan Lake	52	53
Total	1,522	1,519

Source: Manitoba Health & Healthy Living June, 1996 to June, 2007 population reports.

Central Population age 65 and older, 1996 to 2006

As with our population under the age of 1, Figure 12 shows that the population of residents over age 65 has also not changed between 1996 and 2007. Compared to the provincial increase of 5.2 per cent, our region has increased slightly by only 0.1 per cent.

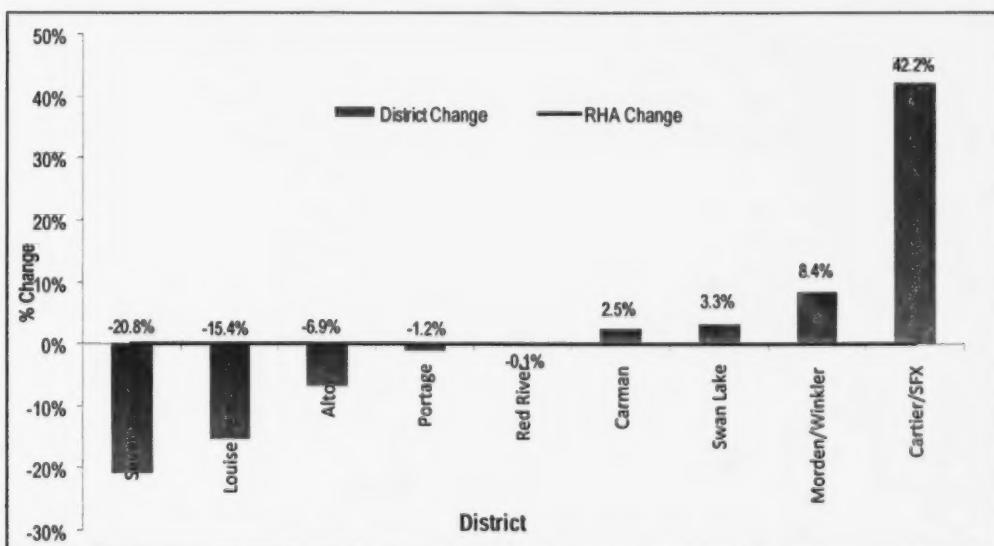
FIGURE 12. Change in population age 65 and older, 1996 to 2007.



Source: Manitoba Health & Healthy Living June, 1996 to June, 2007 population reports.

Figure 13 shows that several districts have shown decreases in this population group but Cartier/St. François Xavier has shown a large increase at 42.2 per cent.

FIGURE 13. Change in population age 65 and older by district, 1996 to 2007.



Source: Manitoba Health & Healthy Living June, 1996 to June, 2007 population reports.

See Table 3 for populations age 65 and older by district for 1996 and 2007.

TABLE 3. Population age 65 and older by district, 1996 and 2007.

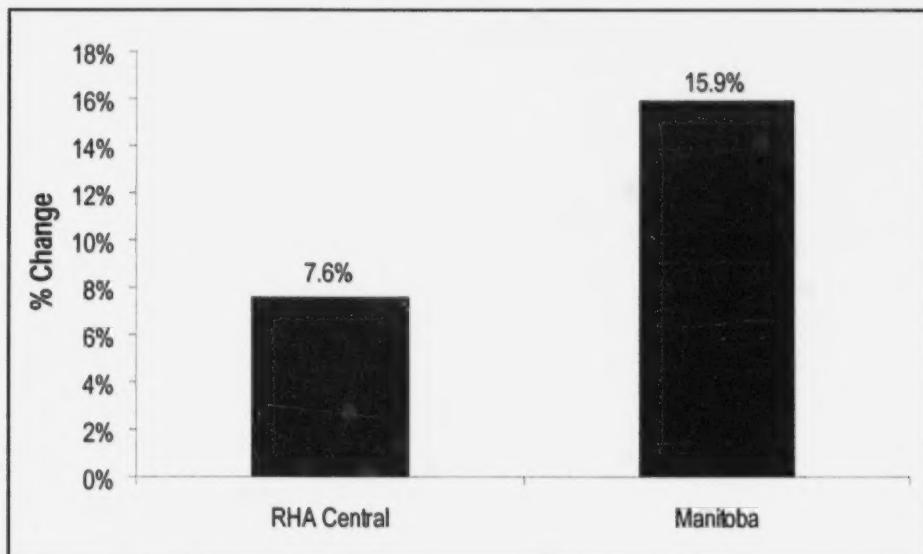
DISTRICT	1996	2007
Altona	1,121	1,044
Carman	1,732	1,776
Cartier/St. François Xavier	427	607
Louise Pembina	1,039	879
Morden/Winkler	2,752	2,984
Portage	3,552	3,510
Red River	1,450	1,448
Seven Regions	869	688
Swan Lake	571	590
Total	13,513	13,526

Source: Manitoba Health & Healthy Living June, 1996 to June, 2007 population reports.

Central Population age 75 and older, 1996 to 2007

While the total population over age 65 has remained relatively stable, Figure 14 shows that the population of residents over age 75 has increased by 7.6 per cent between 1996 and 2007.

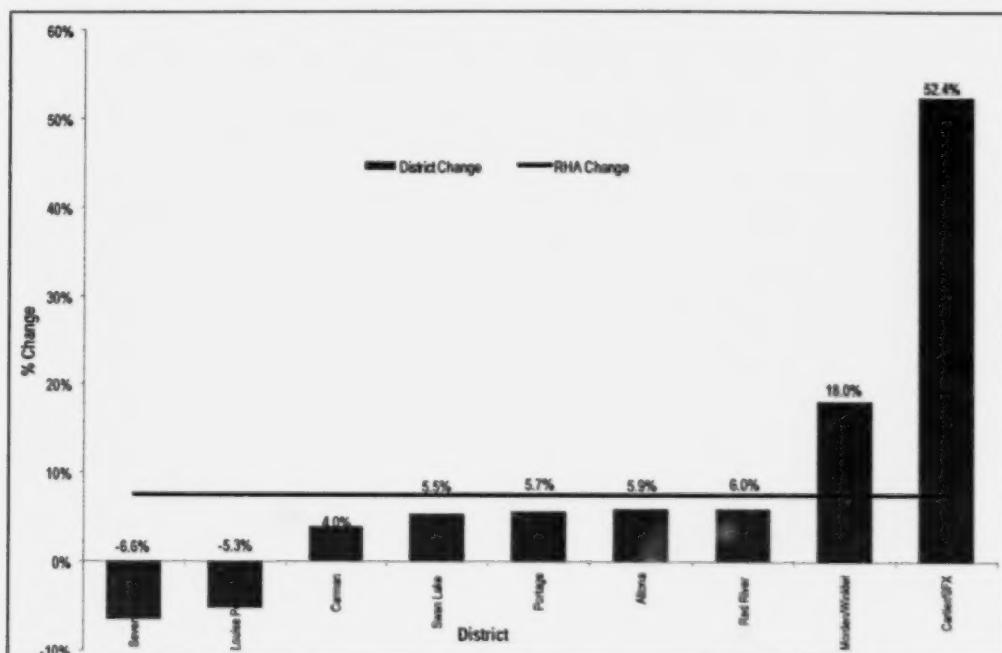
FIGURE 14. Change in population age 75 and older, 1996 to 2007.



Source: Manitoba Health & Healthy Living June, 1996 to June, 2007 population reports.

Figure 15 shows that Cartier/St. François Xavier has shown a large increase in the 75 and older population at 52.4 per cent, Morden/Winkler had the second highest growth rate at 18.0 per cent.

FIGURE 15. Change in population age 75 and older by district, 1996 to 2007.



Source: Manitoba Health & Healthy Living June, 1996 to June, 2007 population reports.

See Table 4 for populations age 75 and older by district for 1996 and 2007.

TABLE 4. Population age 75 and older by district, 1996 and 2006.

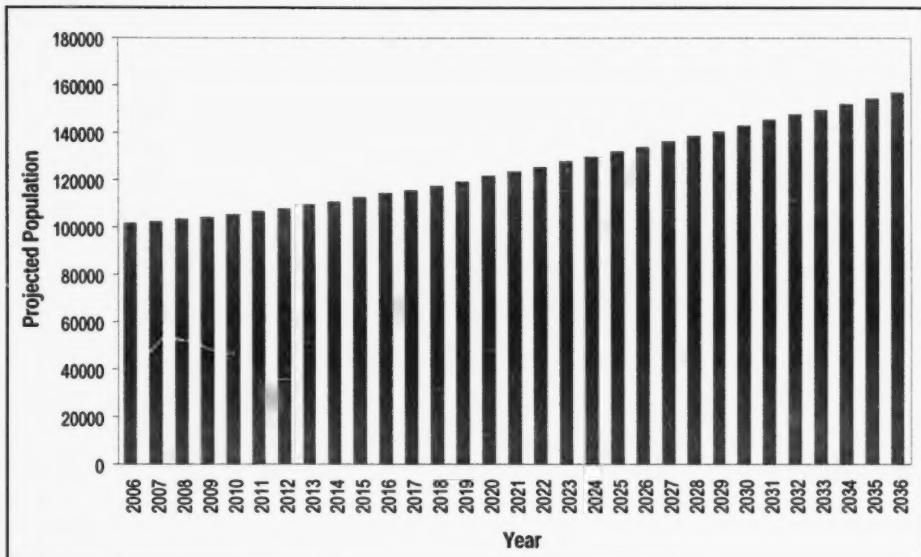
District	1996	2007
Cartier/St. François Xavier	147	224
Portage	1,698	1,794
Seven Regions	379	354
Carman	881	916
Swan Lake	275	290
Louise Pembina	533	505
Morden/Winkler	1,392	1,643
Altona	540	572
Red River	650	689
Total	6,495	6,987

Source: Manitoba Health & Healthy Living June, 1996 to June, 2007 population reports.

WHERE WE ARE GOING - POPULATION PROJECTIONS, 2006-2036

Although we have demonstrated slow and steady growth overall for RHA Central in the previous 12 years for which data is available, Manitoba Bureau of Statistics projects strong growth in the future. Figure 16 shows projected growth by year for our Region. By 2036, the population of RHA Central is predicted to grow by over 54 per cent to reach 156,880.

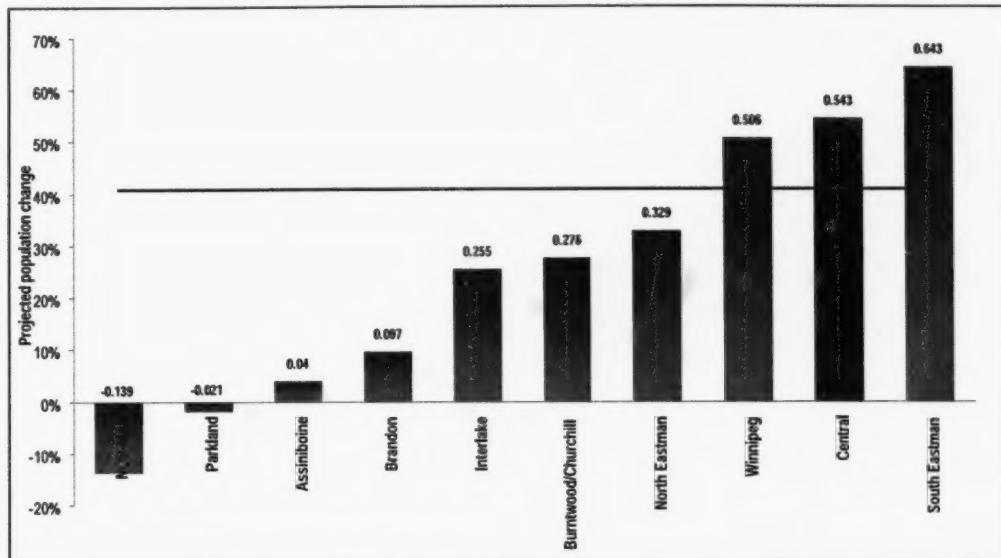
FIGURE 16. RHA Central population projections, 2006 to 2036.



Source: Manitoba Bureau of Statistics.

Figure 17 shows projected population change between 2006 and 2036 by region. Central's projected growth is second only to South Eastman and is much higher than the provincial projection of 40.9 per cent.

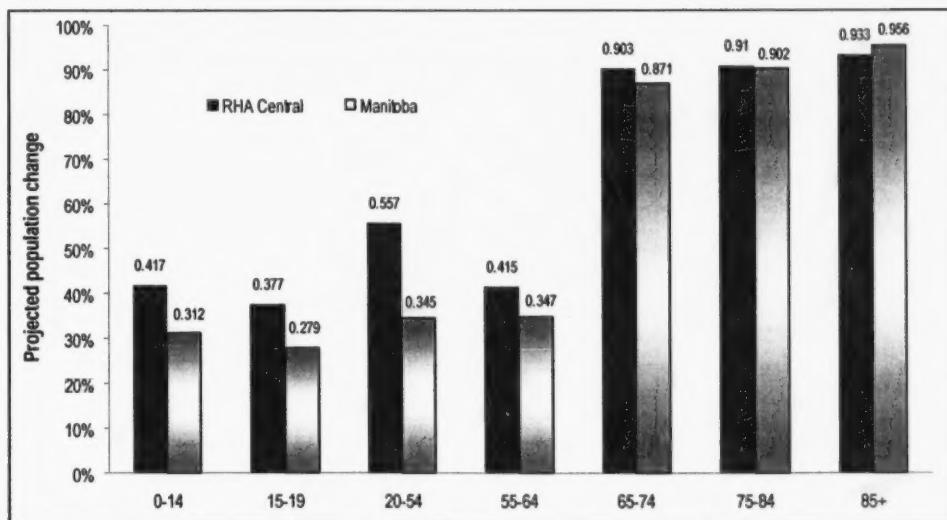
FIGURE 17. Projected population change by region, 2006 to 2036.



Source: Manitoba Bureau of Statistics.

Age group specific projected population changes are presented in Figure 18 for RHA Central and Manitoba overall. Although we have presented some slow growth and even some declines in population historically, Manitoba Bureau of Statistics projects very strong growth among the senior population of our Region. Specifically, growth rates of over 90 per cent in residents age 65 and older are projected by the year 2036.

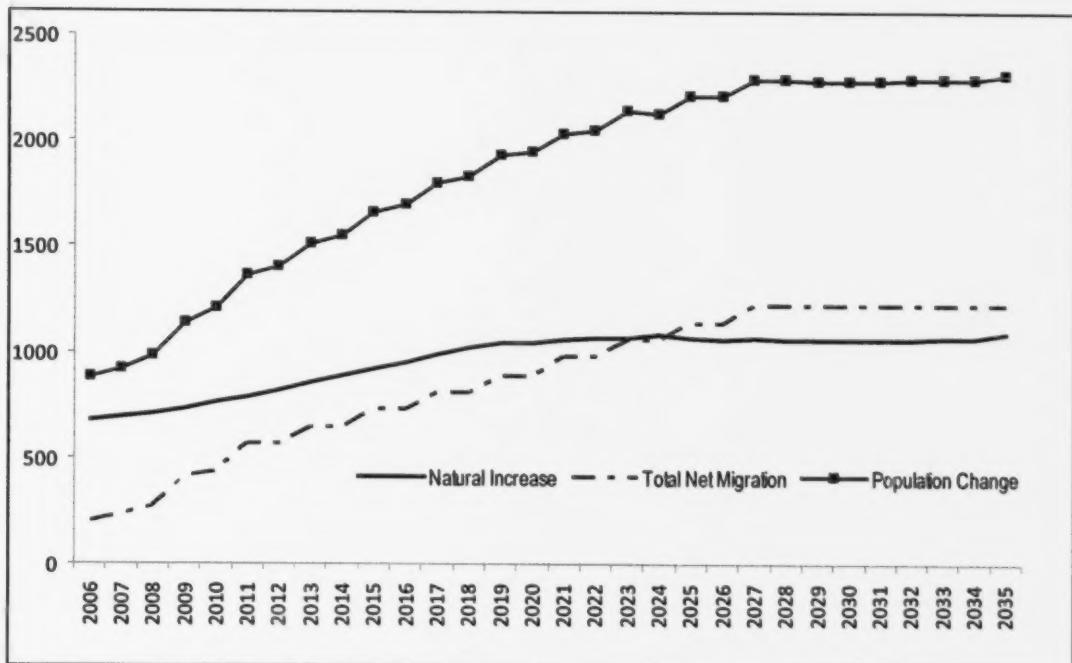
FIGURE 18. Projected population change by age group, RHA Central and Manitoba, 2006 to 2036.



Source: Manitoba Bureau of Statistics.

Figure 19 illustrates the components that are influencing the projected population growth for RHA Central. Until about 2020, the strongest influence will be the "Natural Increase" in population - that is, the difference between the number of births and number of deaths among regional residents. After 2020, migration becomes a stronger influence. It is interesting to note that while there is a projected decrease in both inter-provincial (between provinces) as well as intra-provincial (within the province) migration to RHA Central, there is a projected increase of 104 per cent in the rate of international migration to the Central Region.

FIGURE 19. RHA Central, projected components of population growth.



Source: Manitoba Bureau of Statistics.

Critical Success Factors, Strategies and Future Directions

As we reflect on our theme of today's choices affecting tomorrow's opportunities, nowhere is this more evident than in the changing demographics in our Region and the reality of patient access to specialist care in the Region.

A GROWING POPULATION

As has been demonstrated in this report, Central Region has the largest population of all rural and northern Manitoba RHA's and is second only to Winnipeg in population. The most recent population estimate available for the Central Region from Manitoba Health is for June of 2007 and it indicates that the population was 102,875. Manitoba Bureau of Statistics projects strong growth in the future and by 2036, the population of RHA Central is predicted to grow by over 54 per cent to reach 156,880.

The impact of these population trends offers both opportunity and challenge. It provides for an enhanced labour pool and accordingly we:

- ▶ Continue to offer courses (health care aide, licensed practical nurse to registered nurse) within the Region
- ▶ Continue "Return to Service" interest free loans &/or bursaries
- ▶ Re-launched our Aboriginal Workforce Strategy
- ▶ Continue summer student placements (as a recruitment strategy) where financially viable
- ▶ Continue to hire supernumerary positions for looming retirements/mentorship etc., where financially viable.

Population growth has also created service pressures across the health continuum within Central RHA.

- ▶ Overall, the Region saw ER volume increase of 5% over the last three years. ER volume in two regional centres was greater than 20,000 visits per year
- ▶ EMS funding has increased 35% while expenditures have increased 94% in that same time period
- ▶ A system of Dynamic Deployment was implemented a year ago and this system has proven successful with very few short or long

term "curtailments" since implementation

- ▶ From 2001/02 to 2007/08, diagnostic funding has increased 42% (new & redirected from within globe) while expenditures have increased 50% in that period
- ▶ Serious staffing shortages experienced in diagnostics
- ▶ Mental health community caseloads are increasing with service providers carrying up to 48 cases, 37% higher than the recommended caseload
- ▶ Re-organization of the community mental health services, in collaboration & partnership with Eden Mental Health Centre, is underway in an attempt to balance and stretch current resources
- ▶ With the growth in seniors' population, home care resources are stretched and costs are skyrocketing primarily due to the travel costs for care provision. Case coordinators are carrying averages of 135 to 157 active cases each
- ▶ RHA Central continues to train in Region to assist in filling vacancies. For example, the "Health Care Aide Challenge Program" was a collaborative venture undertaken between the Robertson College and the RHA Central. The course was delivered via six Telehealth sites located across Central Region: Notre Dame de Lourdes, Portage la Prairie, St. Claude, St. Jean Baptiste, Boundary Trails Health Centre and Swan Lake. Seventy-two students successfully completed the Health Care Aide Challenge Program.
- ▶ Public health caseloads are growing with increasing populations with a 62% increase in direct contacts and increasing time required per contact due to best practice applications and due to language & literacy barriers

- ▶ Midwifery experienced a 45% increase in deliveries from 2004/05 to 2007/08 with caseloads greater than the current midwifery complement
- ▶ With additional funding in 2007, we have been able to implement additional midwifery
- ▶ Pressures of waiting placement in acute care are immense. Manitou, Emerson, St. Claude, and MacGregor have become nearly 100% occupied with waiting placement or long term care clients. We have waiting lists for all personal care homes, especially in Morden, Winkler, Altona, and Carman. Personal care home human resource situations are also critical with many vacancies
- ▶ Support to Seniors in Group Living has been implemented in Morden, Winkler, Carman and Altona communities (now funded through internal redirection of funds)
- ▶ Emergency room visits are increasing at approximately 10% in South & 12% in North of Central Region. Visits continue to climb expecting both regional ERs to reach 29-30,000 visits 2007-08. Measures taken have been physician walk-in clinics established and ongoing. Nurse-managed care clinic implemented in North for scheduled visits.
- ▶ The Canadian Community Health Survey (2003) showed 54% of Canadians aged 30-64 were living with at least one chronic condition and 26% were living with two or more chronic conditions. In RHA Central, this is approximately 23,200 people with one or more chronic disease (Community Health Survey, '03)
- ▶ Region participated in Health Links - Info Santé nurse managed care project, and *Get Better Together* projects (tremendous success but unable to resource on a go forward basis).
- ▶ Chemotherapy visits have increased requiring additional staffing hours. The RHA Central has redirected funds to support
- ▶ Births have increased at Boundary Trails Health Centre 52% from 2000/01 to 2007/08
- ▶ Community stakeholder groups report increased need for primary care physician complements in their communities.

PATIENT ACCESS TO SPECIALIST CARE WITHIN REGION

We believe Central Region has done well at reorganizing and redistributing resources within Region to attempt to address the areas of population growth that started slowly in the late '90s and is continuing at a faster pace today.

RHA Central has reached its capacity as it currently exists but, with Manitoba Health and Healthy Living's support the philosophy of the provision of service as close to home as possible, the Region is poised to implement services to support the population growth.

GENERAL SURGERY

- ▶ Surgical procedures have increased by 150% since 2001 at Boundary Trails Health Centre and -26% at Portage District General Hospital
- ▶ 38% or greater than 3,300 cases of Central Region residents receive surgical services out of Region
- ▶ A regional surgical redesign or vision has been developed that utilizes undeveloped capacity of all regional surgical sites and was operationalized with phase one implementation occurring October, 2007
- ▶ A regional physician resource plan has been

developed and a regional physician retention & recruitment committee has been formed and is active

- ▶ An efficiency engineer proposal has been tentatively approved by M-PAN to gain all possible efficiencies and create a lean quality design and work flow
- ▶ Have engaged a "OR slate and booking" review for April, 2008.

EAR NOSE AND THROAT (ENT)

- ▶ Physician clinics report increasing need for this specialty with population growth trends

- ▶ RHA Central worked inter-regionally in ENT Specialist recruitment with Brandon/Assiniboine RHAs who commenced July, 2008.

ORTHOPEDICS

- ▶ A 69% increase in emergency fracture fixation at BTHC has been experienced since 2005.
- ▶ A second Orthopedist is available 2009 (Canadian trained)
- ▶ Orthopedic activity reflects on regional physical therapy & recovery resources
- ▶ We are working inter-regionally in Ortho 'on-call' to ensure rural Ortho coverage (weekends, stats, holidays)
- ▶ Boundary Trails Health Centre Ortho 'on-call' continues with full coverage although no funding.

VOLUME INCREASES

- ▶ Central RHA has presented annual health plans outlining volume increases in most areas of operation
- ▶ As each year passes, we have worked to address these ever growing volumes. For example:
 - ✓ we have received targeted program funding which has assisted, i.e., the additional Midwifery staff funding, Families First or Children's Therapy Initiative (CTI) Funding
- ▶ We have also been able to redistribute some of the workload within the Region
- ▶ RHA Board of Directors has officially communicated its concerns to government.

Additional goals in the next year focus on the following:

- ▶ Strategic planning: While honouring the legacy of work accomplished by the Board of Directors with the community in the past ten years, the Board will continue overseeing the development of Board ENDs and will refocus its efforts on generating key strategic priorities to provide for measuring strategy across balanced perspectives of organizational performance.
- ▶ Physician engagement in planning: We will continue engagement and collaboration of the physician community in planning health services within RHA Central with most immediate consideration for the areas of the Region that are experiencing multi-cultural & multi-generational population growth and the pressures this places on the health system.
- ▶ Performance management system: To promote on-going sustainable accountability practices and continuous quality improvement, we will continue enhancement of a performance management system. The intent is to develop a Balanced Scorecard to measure progress towards performance targets in priority areas defined by the Board in its Strategic Priorities.
- ▶ Community Health Assessment (CHA): We will continue implementing the Action Plan. In 2008 we will consult within the RHA, gather and

Analyze Community Health Assessment (CHA) Data, and develop and complete a Community Consultation Plan. In 2009, we will have a Consultation Workshop with staff, develop priorities and complete and submit the CHA document to Manitoba Health and Healthy Living.

- ▶ Primary Health Care Model: We will continue development of primary health care community engagement models with consideration for resourcing and building client self-management capacity with programs like *Get Better Together* and recruitment of nurse practitioners and other health professionals.
- ▶ Pandemic Planning: We will continue collecting information and/or processes that will be critical to RHA Central's response in the event of a Pandemic Influenza event.
- ▶ Admission Discharge Transfer: Planned rollout of the computerized Admission/Discharge/Transfer (ADT) system to 11 of the Region's health facilities is envisioned. The system is already being used in Portage la Prairie, Boundary Trails and Carman.
- ▶ Aboriginal Workforce Initiative: a new aboriginal human resources officer was hired to help

recruit aboriginal persons into the organization to better reflect Central's population. The RHA is intent on building a workforce that is culturally diverse and sensitive. It wants to promote health careers for aboriginal youth by showing them the endless opportunities available and by encouraging them to take the right courses and to continue on with their education.

- ▶ **Quality & management of risk:** We will provide the supports needed to further grow the culture of quality & management of risk within the Region. Central Region is involved in Safer Health Care Now initiatives including improving and standardizing care for heart attack victims as well as a program to prevent medication error for patients being admitted or discharged from regional facilities.
- ▶ **Accreditation 2009:** Central Region is approaching another cycle of accreditation in 2008/2009. The new accreditation program from Accreditation Canada, known as Qmentum, represents "Quality in Motion". The self-assessment involves a new approach to engaging Board Members, senior and middle managers, staff and physicians across the Region completing a variety of questionnaires, instruments, completing action plans in response

to the areas identified for improvement and submitting evidence to demonstrate progress on the identified priority areas.

- ▶ Begin Construction of a \$5-million expansion and redevelopment of the emergency room at the Portage District General Hospital. This project will nearly double the size of the treatment area while creating a more efficient space to strengthen the delivery of quality emergency care to patients. The redevelopment of Portage's 89-bed, acute-care emergency room will include:
 - ✓ four additional treatment spaces, two of which will be designed as negative-pressure isolation rooms and used to prevent the spread of communicable diseases
 - ✓ an improved triage area
 - ✓ improved infection control
 - ✓ enhanced privacy; and
 - ✓ a new double ambulance bay replacing the existing single bay.

Did You Know

**1,653,375 kilograms of laundry
was cleaned in 2007-08 and
52,360 meal days served.**

Did You Know

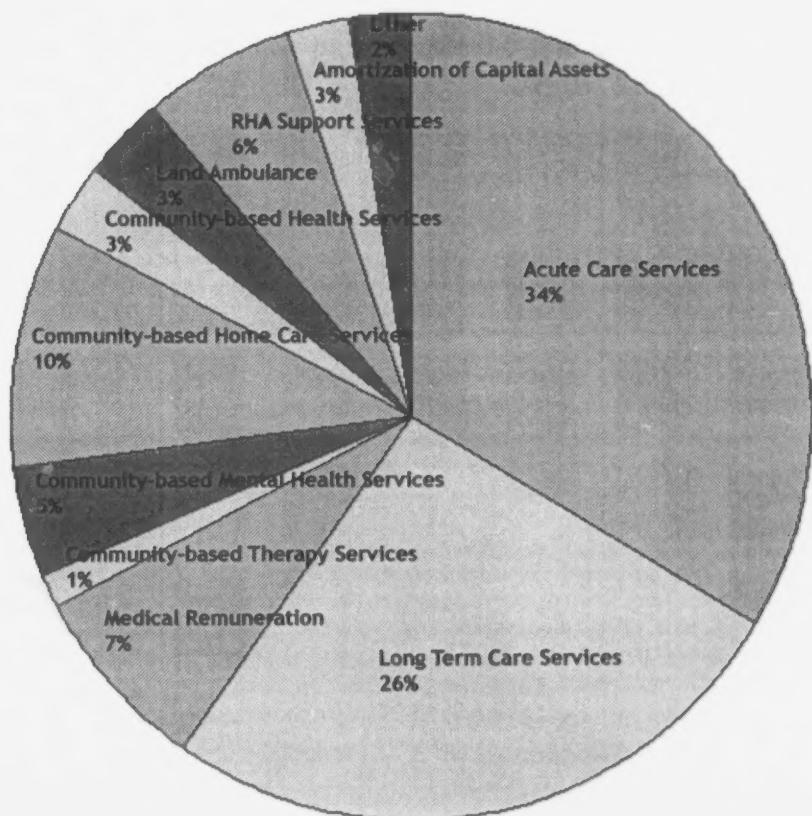
**The average length of
employment in RHA Central is
6.6 years.**





Financial Highlights

2007-2008 Expenses RHA Central Manitoba Inc. Expenditure Breakdown

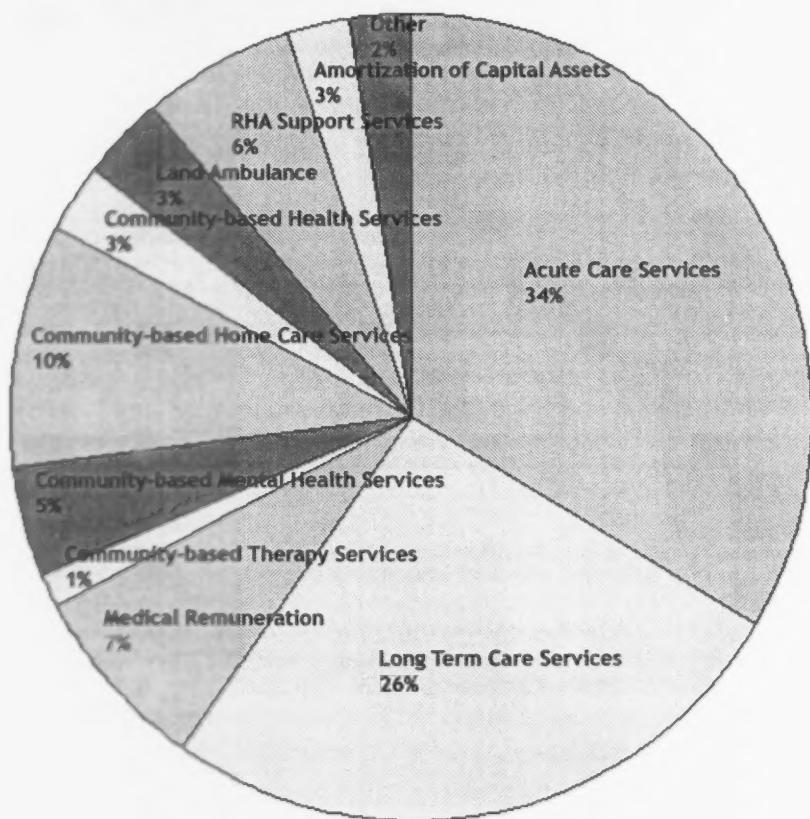






Financial Highlights

2007-2008 Expenses
RHA Central Manitoba Inc. Expenditure Breakdown



Financial Statements

Regional Health Authority
Central Manitoba Inc.



Office régional de la santé
du Centre du Manitoba inc.

Statement of Financial Position

	2008	2007
ASSETS		
CURRENT		
Cash and short term investments	\$ 11,412,063	\$ 8,168,863
Accounts receivable, net	4,260,019	2,018,612
Accounts receivable - Manitoba Health	1,026,402	2,428,803
Inventories	1,152,782	1,145,420
Prepaid expenses	1,460,511	876,549
Due from Manitoba Health - vacation entitlements	7,775,928	7,775,928
	<hr/> 27,087,705	<hr/> 22,414,175
NON-CURRENT		
Due from Manitoba Health - retirement entitlements	9,106,000	9,106,000
Capital assets	79,229,923	80,849,163
Other assets	163,265	157,787
	<hr/> \$115,586,893	<hr/> \$112,527,125
LIABILITIES, DEFERRED CONTRIBUTIONS AND NET ASSETS		
CURRENT		
Accounts payable and accrued liabilities	\$ 12,977,539	\$ 10,440,217
Accrued vacation entitlements	9,510,989	9,108,207
Current portion of long term debt	212,711	199,247
	<hr/> 22,701,239	<hr/> 19,747,671
NON CURRENT		
Accrued retirement entitlements	10,382,720	10,024,183
Long term debt	2,566,375	2,779,095
	<hr/> 12,949,095	<hr/> 12,803,278
DEFERRED CONTRIBUTIONS		
Expense of future periods	3,091,315	2,710,162
Capital assets	75,069,879	76,526,493
	<hr/> 78,161,194	<hr/> 79,236,655
NET ASSETS		
Invested in capital assets	1,381,146	1,344,516
Contract facilities	1,227,808	1,219,624
Internally restricted	276,773	276,773
Unrestricted	(1,110,362)	(2,101,392)
	<hr/> 1,775,365	<hr/> 739,521
	<hr/> <hr/> \$ 115,586,893	<hr/> <hr/> \$ 112,527,125

Regional Health Authority
Central Manitoba Inc.



Office régional de la santé
du Centre du Manitoba inc.

Statement of Operations

	2008	2007
REVENUE		
Manitoba Health	\$ 153,106,851	\$ 143,615,736
Other government departments	59,501	297,197
Non-global patient and resident income	12,199,145	11,775,155
Other income	5,563,830	5,062,437
Amortization of deferred contributions - expenses of future periods	2,276,510	2,505,054
Amortization of deferred contributions - capital and foundations	4,550,034	4,358,692
Interest and donations	337,886	386,184
Ancillary operations	2,250,650	2,152,908
	180,334,407	170,153,363
EXPENSES		
Acute care services	60,497,932	57,983,832
Long term care services	46,728,236	44,941,633
Medical remuneration	13,272,524	11,778,867
Community based therapy services	2,386,535	2,109,889
Community based mental health services	8,100,547	6,835,506
Community based home care services	17,236,087	16,628,574
Community based health services	5,436,945	5,220,212
Land ambulance	5,846,964	5,478,220
Regional Health Authority undistributed	10,801,239	9,795,784
Interest on long term debt	361,771	439,736
Pre-retirement leave	1,699,833	1,169,500
Amortization of capital assets	4,661,137	4,545,995
Major repairs	364,100	610,808
Donations to foundations	33,150	21,000
Ancillary operations	1,883,824	1,817,993
	179,310,824	169,377,549
EXCESS OF REVENUE OVER EXPENSES	\$ 1,033,583	\$ 775,814
ALLOCATION OF EXCESS OF REVENUE OVER EXPENSES		
Capital and donations to foundations	\$ (508,353)	\$ (819,111)
Interest and donations	337,886	386,184
Ancillary operations	366,826	334,915
Health care operations	837,224	873,826
TOTAL	\$ 1,033,583	\$ 775,814

A complete set of financial statements, auditor's reports and the statement of public sector compensation disclosure can be obtained from the Regional Health Authority - Central Manitoba Inc. by submitting a request letter to: CHIEF EXECUTIVE OFFICER, REGIONAL HEALTH AUTHORITY - CENTRAL MANITOBA INC.

180 CENTENNAIRE DRIVE - SOUTHPORT MB ROH 1N0

Serving the Health Needs of Central Manitoba

Regional Health Authority
Central Manitoba Inc.



Office régional de la santé
du Centre du Manitoba Inc.

Health care affects all of us. How does it touch your life?
Do you take your children to a family doctor when they have a fever and chills?
What about a hospital you can count on to meet the growing needs of your ageing parents?
A nurse that can skillfully support your child and a whole class full of kindergarten kids to get a chickenpox shot?
And a care home that you can feel good about your father calling home?

**Prevention/Promotion/
Protection**
Public health services includes public health nursing and programs such as Families First, Growing with Mom and the Regional Diabetes Program. These services enable individuals and communities to increase control over and improve their health. This includes health promotion, improving life skills, encouraging healthy choices increasing the opportunities for individuals to make healthy choices.



Employment you can build a life on
As a full service health care provider, RHA Central offers a wide range of health care and health care support positions with many opportunities for both career advancement and lateral movement within the organization. Employees earn competitive salaries that come with comprehensive benefits packages, which include life insurance, dental, group health, employment assistance program, pension and long term disability coverage. RHA Central encourages cooperative and supportive work environments and opportunities for professional development. Both English and bilingual work environments are available. If you are looking for a long and satisfying career with many opportunities for personal growth, you'll find it with RHA Central.

Today's Choices ... Tomorrow's Opportunities

Support Services

Support Services are "support mechanisms" to carry out the business portion of operations. Administrative Resources may include: communications, emergency preparedness, finance, French language services, information technology, information management, human resources, materials management, quality improvement/risk management, staff development, administrative (management/support) services and volunteers.

Front-Line services may include: diagnostic imaging (x-ray & fluoroscopy, ultrasound, CT, MRI, mammography), dietary, emergency medical services, housekeeping, laundry, maintenance, music therapy, pet therapy, pharmacy and Social Work.



Mental Health

The regional mental health program provides a welcome, client-based, recovery oriented service for those who are experiencing difficulty in coping with a wide range of mental health difficulties including co-occurring addictions. For the most part, services are voluntary and provided as determined appropriate and available in each individual's circumstance. A continuum of mental health services exists, ranging from community-based peer support and professional services, to emergency response and hospital-based services for very acute needs.



Rehabilitation

RHA Central offers a full range of integrated rehabilitation services for clients with diagnosed illnesses and conditions affecting functional ability. In keeping the community "As Healthy as can be," the goal is to turn an individual to his or her highest potential level of health and functioning after an injury, illness or surgical intervention. In addition, our pediatric team strives to increase independence in children with developmental disorders and delays.



Home Care

Home care services are provided to individuals, regardless of age, who require personal care and who meet the eligibility criteria, provided the human resources are available. Home care supplements the care that is already being provided by family, friends and community resources. The home care program is designed to be a support to individuals and family members.



Facility-based care (hospital; personal care home):

The purpose of acute care services is to provide active treatment to reduce the impact of medical conditions or disorders. Acute care services are needed for short periods of time in contrast to chronic or continuing care. Acute care includes chemotherapy, dialysis, intensive care or surgical services. A Personal Care Home (PCH) provides 24-hour facility-based care for people who are no longer able to manage or to safely live at home. The goals of a PCH are to provide high-quality care that promotes the person's independence, supports cultural and spiritual needs, maintains a friendly, homelike environment and values the input, care and support of family members.



Palliation

Palliative care provides physical, emotional and spiritual care and support for individuals and their loved ones. It can be provided in any setting - at home, in hospital, or in a PCH. Palliative care helps make a very difficult life passage both manageable and meaningful for the person facing death, family members and friends.



**Interested in
Joining our Team?**

Contact us:
Human Resources
Regional Health Authority -
Central Manitoba Inc.
180 Centennaire Drive
Southport MB R0H 1N0
Tel: 204 428-2036
Fax: 204 428-2020
humanresources@rha-central.mb.ca

Visit www.rha-central.mb.ca for current job postings.

Choisir aujourd'hui... pour l'avenir

An abridged copy of this report is available in French upon request from
the Regional Health Authority - Central Manitoba Inc.

La version française (abrégée) du rapport annuel est disponible sur
demande au bureau de l'Office régional de la santé du Centre du
Manitoba Inc.



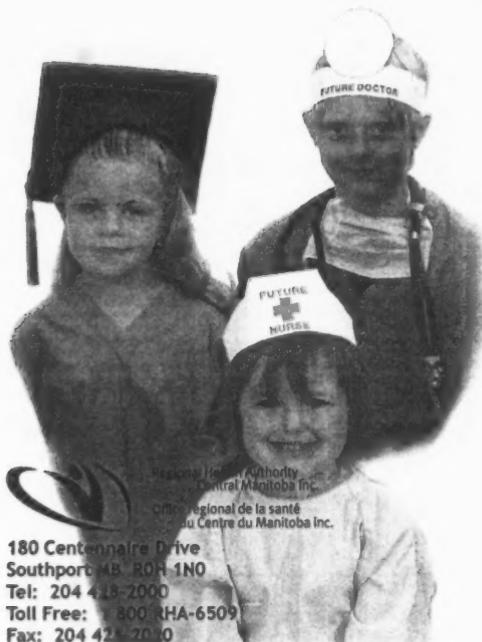
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